11/14/2007 17:06

Image# 27990912846

FEC FORM 3X

Only

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines American Chiropractic Association PAC 1701 Clarendon Blvd ADDRESS (number and street) Check if different than previously Arlington VA 22209 reported. (ACC) FEC IDENTIFICATION NUMBER STATE. ZIPCODE 🛋 CITY A IS THIS NEW **AMENDED** C00102764 Х REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: **Termination Report** (TER) in the Election on State of 10 0 1 2007 10 3 1 2007 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Dr Mario Spoto Type or Print Name of Treasurer Electronically Filed by Dr Mario Spoto 11 14 2007 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 02/2003)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name American Chiropractic Association PAC [®] D " D 1.0 0 1 2007 1.0 3 1 2007 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand [°]2007 12146.51 January 1 (b) Cash on Hand at 13350.49 Begining of Reporting Period 29958.92 144191.12 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 43309.41 156337.63 6(a) and 6(c) for Column B) 8000.00 121028.22 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 35309.41 35309.41 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name
American Chiropractic Association PAC

Report Covering the Period:

From:

01

2007

n. 10

^D 3 1

 $\overset{\mathsf{Y}}{2} \overset{\mathsf{Y}}{0} \overset{\mathsf{Y}}{0} \overset{\mathsf{Y}}{7}$

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	20237.58	73093.83
	(ii) Unitemized	9721.34	71097.29
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	29958.92	144191.12
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	29958.92	144191.12
2.	Transfers From Affiliated/Other Party Committees	0.00	0.00
3.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
Ο.	to Federal candidates and Other Political Committees	0.00	0.00
7.	Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
8.	Transfers from Non-Federal and Levin Funds		
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	29958.92	144191.12
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	29958.92	144191.12

32. Total Federal Disbursements

from Line 31).....

(subtract Line 21(a)(ii) from Line 30(a)(ii)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4 **COLUMN A COLUMN B II. DISBURSEMENTS Total This Period** Calendar Year-to-Date 21. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 0.00 0.00 Expenditures..... (c) Total Operating Expenditures 0.00 0.00 (add 21(a)(i), (a)(ii) and (b))............ 22. Transfers to Affiliated/Other Party 0.00 0.00 Committees..... Contributions to 23. Federal Candidates/Committees.....and Other Political Committees..... 8000.00 119550.00 24. Independent Expenditure 0.00 0.00 0.00 0.00 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 27. Loans Made..... 28. Refunds of Contributions To: Individuals/Persons Other 0.00 0.00 Than Political Committees 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) (d) Total Contribution Refunds 0.00 0.00 (add Lines 28(a), (b), and (c)) 1478.22 0.00 29. Other Disbursements..... 30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) 0.00 0.00 (i) Federal Share 0.00 0.00 (ii) "Levin" Share (b) Federal Election Activity Paid Entirely 0.00 0.00 With Federal Funds (c) Total Federal Election Activity (add 0.00 0.00 Lines 30(a)(i), 30(a)(ii) and 30(b)).... 31. Total Disbursements (add Lines 21(c), 22, 8000.00 121028.22 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..

8000.00

121028.22

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	29958.92	144191.12
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
Net Contributions (other than loans) (subtract Line 34 from Line 33)	29958.92	144191.12
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 61 (check only one) X
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Chiropractic Association PAC			
Α.	Full Name (Last, First, Middle Initial) Dr. Guy Markley, , DC Mailing Address 1802 W Baker St City Plant City FEC ID number of contributing federal political committee. Name of Employer Markley & Markley Chiropractic Receipt For: Primary General Other (specify)	State FL Occupation Chiroprae Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Full Name (Last, First, Middle Initial) Dr. Harold W. Lease, , DC Mailing Address PO Box 189 City	State	Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	Walsh FEC ID number of contributing federal political committee.	CO	81090-0189	Amount of Each Receipt this Period 1200.00
	Name of Employer Self Receipt For: Primary General Other (specify) ▼	Occupation Chiroprad Aggregate		
D .	Full Name (Last, First, Middle Initial) Dr. James Rippel, , DC Mailing Address 1680B Benton Ln			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	City Doublem Cavings	State	Zip Code	Transaction ID: 26643809
	Denham Springs FEC ID number of contributing federal political committee.	C	70726-4516	Amount of Each Receipt this Period 100.00
	Name of Employer self Receipt For: Primary General Other (specify) ▼	Occupation Chiroprad Aggregate		
S	UBTOTAL of Receipts This Page (optional)			1550.00
T	OTAL This Period (last page this line number on	v)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 7/61
	EMIZED RECEIPTS	or each category of the		(check only one)
ITEMIZED RECEIPTS			Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	American Chiropractic Association PAC			
Α.	Full Name (Last, First, Middle Initial) Dr. Rebecca Brown, , DC			Date of Receipt
	Mailing Address 253 Main St			10 05 7 2007
	City	State	Zip Code	Transaction ID: 26643810
	Yarmouth	ME	04096-6800	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		600.00
	Name of Employer self	Occupatio Chiropra		
	Receipt For:	· · · · · · · · · · · · · · · · · · ·	e Year-to-Date ▼	
	Primary General	1 1		1
	Other (specify) ▼	0 0	1100.00	
В.	Full Name (Last, First, Middle Initial) Dr. Virgil A Berry, , DC			Date of Receipt
	Mailing Address 601 E Call St			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 26643811
	Starke FL		32091-3405	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer self	Occupatio Chiropra		
	Receipt For:		e Year-to-Date V	
	Primary General	Aggregate	Teal to Bate ¥	1
	Other (specify) ▼	0 0	300.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Gregg Hoogeveen, , DC			Date of Receipt
	Mailing Address 2206 Longo Dr Ste 208			10 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 26663683
	Bellevue	NE	68005-2977	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			250.00
	Name of Employer Self	Occupatio Chiropra		
	Receipt For:		e Year-to-Date ▼	
	Primary General	1 1		1
	Other (specify) ▼		500.00	
C C	UBTOTAL of Receipts This Page (optional)			1150.00
\vdash	ODITION OF THE CENTER THIS I age (Optional)			

SCHEDULE A (FEC Form 3X)

PAGE 8/61 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 13 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Chiropractic Association PAC Full Name (Last, First, Middle Initial) Date of Receipt A. Dr. Theodosia Woods, , DC Mailing Address 1289 Pacific Way 10 12 2007 Zip Code City State Transaction ID: 26697987 OR 97138-4360 Seaside Amount of Each Receipt this Period FEC ID number of contributing 50.00 C federal political committee. Name of Employer Self Occupation Chiropractor Aggregate Year-to-Date ▼ Receipt For: Primary General 350.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. David Bruno, , DC Date of Receipt Mailing Address 1822 Mineral Spring Ave 12 2007 City State Zip Code Transaction ID: 26697997 North Providence RI 02904-8938 Amount of Each Receipt this Period FEC ID number of contributing C 200.00 federal political committee. Occupation Name of Employer Chiropractor Receipt For: Aggregate Year-to-Date V Primary General 600.00 Other (specify) Full Name (Last, First, Middle Initial) C. Dr. Brad M. Mueller, , DC Date of Receipt Mailing Address 9114 W Greenfield Ave 2007 10 15 Citv State Zip Code Transaction ID: 26700937 West Allis WI 53214-2809 Amount of Each Receipt this Period FEC ID number of contributing 300.00 C federal political committee. Name of Employer Self Occupation Chiropractor Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 550.00 SUBTOTAL of Receipts This Page (optional)

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 61 (check only one) X 11a 11b 11c 12 15 16 17
Ar or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	ements may me and add	not be sold or used by any perso ress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) American Chiropractic Association PAC			
۹.	Full Name (Last, First, Middle Initial) Larry Nelson			Date of Receipt
	Mailing Address 1720 N Pinewood Dr			10 15 2007
	City	State	Zip Code	Transaction ID: 26700946
	Idaho Falls	ID	83401-1725	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		400.00
	Name of Employer Self	Occupation Chiroprac		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	400.00	
_	Full Name (Last, First, Middle Initial)			Date of Receipt
J .	Dr. Frank C Etlinger, , DC Mailing Address 1100 S Water Ave			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 26720892
	Gallatin	TN	37066-3960	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.42
	Name of Employer self	Occupation		7
	Receipt For:	Chiroprad	ctor Year-to-Date ▼	_
	Primary General Other (specify) ▼	Aggregate	152.10	
) .	Full Name (Last, First, Middle Initial) Dr. Gary Spainhower, , DC			Date of Receipt
	Mailing Address 10905 Olson Dr			10 17 2007
	City	State	Zip Code	Transaction ID: 26720893
	Rancho Cordova	CA	95670-5659	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer self	Occupation Chiroprac		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		175.00	
s	UBTOTAL of Receipts This Page (optional)			455.42
			<u> </u>	

SC	CHEDULE A (FEC Form 3X)		Lisa sanarata sobodulo(s)	FOR LINE NUMBER: PAGE 10 / 61
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
Ang	y information copied from such Reports and Sta or commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Chiropractic Association PAC			
۹.	Full Name (Last, First, Middle Initial) Dr. Mathias M Pastore, , DC Mailing Address 12300 Bermuda Crossro	ad Ln		Date of Receipt
	City	State	Zip Code	1 0 1 7 2 0 0 7 Transaction ID: 26720894
	Chester	VA	23831-2352	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Self	Occupation Chiropra		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
3.	Full Name (Last, First, Middle Initial) Dr. Jenny L Wiemann, , DC			Date of Receipt
	Mailing Address 331A Jungermann Rd			10 17 2007
	City	State	Zip Code	Transaction ID: 26720895
	Saint Peters	MO	63376-5351	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer Self	Occupation Chiroprae		
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		700.00	
	Full Name (Last, First, Middle Initial) Dr. Gary Michael Grimsley, , DC			Date of Receipt
	Mailing Address 22780 Three Notch Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 26720896
	Lexington Park	MD	20653-1538	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer self	Occupation Chiroprac	ctor	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 150.00	
SI	JBTOTAL of Receipts This Page (optional)		·····	200.00
TC	OTAL This Period (last page this line number or	nly)		

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form	n 3X)		FOR LINE NUMBER: PAGE	11/61
	ii OA)	Use separate schedule(s) or each category of the	(check only one)	
ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c	<u> </u>
		, ,	13 14 15	16 17
Any information copied from such Report for commercial purposes, other than	orts and Statements may using the name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting control solicit contributions from such con	ributions nmittee.
NAME OF COMMITTEE (In Full)				
American Chiropractic Associa	ation PAC			
Full Name (Last, First, Middle Initial Dr. Wayne F Priest, , DC)		Date of Receipt	
Mailing Address PO Box 7			10 17	2007
City	State	Zip Code	Transaction ID: 26720897	
Berryville	AR	72616-0007	Amount of Each Receipt this	Period
FEC ID number of contributing federal political committee.	C			30.42
Name of Employer Self	Occupatio Chiropra			
Receipt For:		e Year-to-Date ▼		
Primary General	111		1	
Other (specify) ▼		152.10		
Full Name (Last, First, Middle Initial) B. Dr. Leonard F Vernon, , DC)		Date of Receipt	
Mailing Address 813 E Gate Dr			10 / D / Y	2007
City	State	Zip Code	Transaction ID: 26720898	<u> </u>
Mount Laurel	NJ	08054-1238	Amount of Each Receipt this	Period
FEC ID number of contributing federal political committee.	C			30.42
Name of Employer self	Occupatio			
Receipt For:	Chiropra	e Year-to-Date 🔻		
Primary General	Aggregate	e rear-to-Date V		
Other (specify) ▼		152.10		
Full Name (Last, First, Middle Initial) Dr. Steven A Gansen, , DC)		Date of Receipt	
Mailing Address 210 N Meridia	n St Ste 1		M M / D D / Y 17	2007
City	State	Zip Code	Transaction ID: 26720899	
Belle Plaine	MN	56011-1828	Amount of Each Receipt this	
FEC ID number of contributing federal political committee.	C			50.00
Name of Employer Self	Occupatio Chiropra			
Receipt For:		e Year-to-Date ▼		
Primary General		550.00	1	
Other (specify) ▼		550.00		
SUBTOTAL of Receipts This Page (o	ptional)			110.84
TOTAL This Period (last page this line	e number only)	1		
(· · , ,			

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 12/61
TEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the r	atements may	/ not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
American Chiropractic Association PAC)		
Full Name (Last, First, Middle Initial) Dr. David B Waggoner, , DC			Date of Receipt
Mailing Address 7000 NW Expressway 8	Ste H		10 17 2007
City	State	Zip Code	Transaction ID: 26720901
Warr Acres	OK	73132-3509	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer self	Occupation Chiroprae		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	1	300.00	
Other (specify)	0 0	0 0 0 0 0 0 0	1
Full Name (Last, First, Middle Initial) 3. Dr. Casey J Iverson, , DC			Date of Receipt
Mailing Address PO Box 2371			M M M / D D / Y Y Y Y
C:b.	Ctata	7in Code	10 17 2007
City Grand Island	State NE	Zip Code 68802-2371	Transaction ID: 26720904 Amount of Each Receipt this Period
FEC ID number of contributing		00002 2071	
federal political committee.	C		100.00
Name of Employer self	Occupation		
Receipt For:	Chiroprad	e Year-to-Date 🔻	_
Primary General	Aggregate		1
Other (specify) ▼	0 0	700.00	
Full Name (Last, First, Middle Initial) Dr. Christopher Lee Sorenson, , DC			Date of Receipt
Mailing Address 102 Doctors Park			10 17 YYYYY 10 17 2007
City	State	Zip Code	Transaction ID: 26720905
Saint Cloud	MN	56303-1207	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.			150.00
Name of Employer Self	Occupation Chiroprae	ctor	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		450.00	
SUBTOTAL of Receipts This Page (optional)			300.00
1			

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 13 / 61
	EMIZED RECEIPTS	or each category of the		(check only one)
II EIVIIZED RECEIP 13			Detailed Summary Page	X 11a 11b 11c 12
_			, 0	13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
abla	NAME OF COMMITTEE (In Full)			
\rangle	American Chiropractic Association PAC			
Α.	Full Name (Last, First, Middle Initial) Dr. Shahrokh Shahverdi, , DC			Date of Receipt
	Mailing Address 2160 N Glebe Rd			10 17 2007
	City	State	Zip Code	Transaction ID: 26720910
	Arlington	VA	22207-2262	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.42
	Name of Employer Dr. Yousefi	Occupation Chiropra		7
	Receipt For:		e Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify) ▼	0 0	152.10]
В.	Full Name (Last, First, Middle Initial) Dr. Arthur Darwin Peterson, , DC			Date of Receipt
	Mailing Address 3933 Spicewood Springs	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 26720911
	Austin	TX	78759-8674	Amount of Each Receipt this Period
	FEC ID number of contributing	С		50.00
	federal political committee.			
	Name of Employer Self	Occupation		
		Chiropra		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	150.00	
_	Full Name (Last, First, Middle Initial)			Data of Descript
C.	Dr. Nathaniel Ray Tuck, Jr, DC Mailing Address 2045 N Franklin St			Date of Receipt
	Walling Address 2045 N Franklin St			10 17 2007
	City	State	Zip Code	Transaction ID: 26720913
	Christiansbrg	VA	24073-1227	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			20.00
	Name of Employer Self	Occupation		7
	Receipt For:		e Year-to-Date ▼	7
	Primary General	23 0		1
	Other (specify) ▼		240.00	
	UDTOTAL of Descript TU-Descript Tu-			100.42
L _s	UBTOTAL of Receipts This Page (optional)		<u> </u>	

SC	CHEDULE A (FEC Form 3X)		Llas concrete cohodulo(a)	FOR LINE NUMBER: PAGE 14 / 61
TEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, ,	13 14 15 16 17
An	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any perso	n for the purpose of soliciting contributions
Or		me and add	dress of any political committee to	Solicit Contributions from Such Committee.
\	NAME OF COMMITTEE (In Full)			
/	American Chiropractic Association PAC			
۹.	Full Name (Last, First, Middle Initial) Dr. Bradley D Johnson, , DC			Date of Receipt
	Mailing Address 304 Hillsboro St Ste D			10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 26720914
	Oxford	NC	27565-3274	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.42
	Name of Employer self	Occupation		
		Chiropra		4
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		152.10	
3.	Full Name (Last, First, Middle Initial) Dr. Karen A Mahlmeister, , DC			Date of Receipt
	Mailing Address 134 E 15th St			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 26720916
	Edmond	OK	73013-4303	Amount of Each Receipt this Period
			70010 1000	
	FEC ID number of contributing federal political committee.	C		65.00
	Name of Employer Self	Occupation	1	7
	Seir	Chiropra	otor	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		455.00	
	Other (specify) ▼	0 0	+33.00	
— Э.	Full Name (Last, First, Middle Initial) Dr. Jason P Abshire, , DC			Date of Receipt
	Mailing Address 913 S College Rd Ste 10	5		10 17 2007
	City	State	Zip Code	Transaction ID: 26720917
<u>Lafayette</u>		LA	70503-3061	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer self	Occupation Chiroprac		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	
	Other (specify) ▼		250.00	
	UPTOTAL of Provide Till Borrows			145.42
S	UBTOTAL of Receipts This Page (optional)		<u> </u>	

SCHEDULE A (FEC Form 3X)

S	CHEDULE A (FEC Form 3X)		Llan congrete ashedula(s)	FOR LINE NUMBER: PAGE 15 / 61	
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)	
	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12	_
				13 14 15 16	17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	itements may lame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
$\overline{}$	NAME OF COMMITTEE (In Full)				
\rangle	American Chiropractic Association PAC	;			
۹.	Full Name (Last, First, Middle Initial) Dr. John T Freeseman, , DC			Date of Receipt	
	Mailing Address 229 N Main St			10 17 2007	
	City	State	Zip Code	Transaction ID: 26720918	
	Gordon	NE	69343-1277	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		25.00	
	Name of Employer self	Occupation			
	Receipt For:		e Year-to-Date ▼		
	Primary General			1	
	Other (specify)		175.00		
3.	Full Name (Last, First, Middle Initial) Dr. Richard W Haas, , DC			Date of Receipt	
	Mailing Address 1403 S Federal Ave			10 D D V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: 26720919	
	Mason City IA		50401-5727	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		50.00	
	Name of Employer self	Occupation	n		
		Chiropra			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		500.00		
 C.	Full Name (Last, First, Middle Initial) Dr. Lloyd Denton Spiers, , DC			Date of Receipt	
	Mailing Address 5295 Old Highway 11 S	te 3		M M / D D / Y Y Y Y Y	7
	-			10 17 2007	
	City	State MS	Zip Code	Transaction ID: 26720920	
	Hattiesburg	IVIS	39402-6022	Amount of Each Receipt this Period	-
	FEC ID number of contributing federal political committee.	C		50.00	
	Name of Employer Self	Occupation chiroprac			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		250.00	1	
	Other (specify) ▼		250.00		
S	UBTOTAL of Receipts This Page (optional)			125.00	
_	OTAL This Desired (feet	-1.)			
- 10	OTAL This Period (last page this line number o	nıy)			

S	CHEDULE A (FEC Form 3X)		Llos concreto cobodulo(o)	FOR LINE NUMBER: PAGE 16 / 61
ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the		(check only one)
			Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	ly information copied from such Reports and Star for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Chiropractic Association PAC			
A.	Full Name (Last, First, Middle Initial) Dr. Irene L Parent, , DC			Date of Receipt
	Mailing Address 1117 Arthur Ave			10 17 2007
	City	State	Zip Code	Transaction ID: 26720921
	Racine	WI	53405-2902	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67
	Name of Employer Self	Occupation chiroprac		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	1 1	200.25	1
	Other (specify)		208.35	
В.	Full Name (Last, First, Middle Initial) Ms. Emily A Swonguer, , DC			Date of Receipt
	Mailing Address 700 Lea Blvd Suite 102			10 17 2007
	City	State	Zip Code	Transaction ID: 26720932
	Wilmington	DE	19802-2541	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Self	Occupation Chiropra		
	Receipt For:	·	Year-to-Date ▼	_
	Primary General	00 0		1
	Other (specify) ▼		250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Steven M Crotzer, , DC			Date of Receipt
	Mailing Address 27 Birch Run			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 26720934
	Orchard Park	NY	14127-1954	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Self	Occupation Chiropra		
	Receipt For:		Year-to-Date ▼	7
	Primary General	35 0		1
	Other (specify) ▼		250.00	
s	UBTOTAL of Receipts This Page (optional)			141.67

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 61 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Stati for commercial purposes, other than using the na	ements may me and ado	r not be sold or used by any perso Iress of any political committee to	solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) American Chiropractic Association PAC			
۹.	Full Name (Last, First, Middle Initial) Dr. Kassie Donoghue, , DC			Date of Receipt
	Mailing Address 3020 E Street			10 17 2007
	City	State	Zip Code	Transaction ID: 26720935
	Sacramento FEC ID number of contributing federal political committee.	CA	95816	Amount of Each Receipt this Period 50.00
	Name of Employer Self Receipt For:	Occupation Chiroprace Aggregate		
	Primary General Other (specify) ▼	0 0	350.00	
3.	Full Name (Last, First, Middle Initial) Dr. Joel A Stutzman, , DC Mailing Address 15 Industrial Blvd Ste 202			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 26720938
	Paoli FEC ID number of contributing federal political committee.	PA C	19301-1608	Amount of Each Receipt this Period 100.00
	Name of Employer Self	Occupation Chiroprac	otor	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	
) .	Full Name (Last, First, Middle Initial) Dr. Ryan L Bowman, , DC			Date of Receipt
	Mailing Address 2501 N Dodge St	01-1-	7's O. d.	10 17 20000
	City Iowa City	State IA	Zip Code 52245-9556	Transaction ID: 26720939 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	OLE 10 0000	50.00
	Name of Employer Self	Occupation Chiroprac		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional)			200.00

S	CHEDULE A (FEC Form 3X)		l la a consueta a chardula (a)	FOR LINE NUMBER: PAGE 18 / 61
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)
	EIMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Chiropractic Association PAC			
۹.	Full Name (Last, First, Middle Initial) Scott F Cook, , DC			Date of Receipt
	Mailing Address 4112 Austin Bluffs Pkwy			10 17 2007
	City	State	Zip Code	Transaction ID: 26720951
	Colorado Springs	CO	80918-2928	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		35.00
	Name of Employer Self	Occupation		
	Receipt For:		Year-to-Date ▼	
	Primary General		175.00	1
	Other (specify) ▼		175.00	
3.	Full Name (Last, First, Middle Initial) Shannon W Barger, , DC			Date of Receipt
	Mailing Address 146 Walnut St			10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 26720954
	Lawrenceburg	IN	47025-1892	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.42
	Name of Employer Self	Occupation Chiroprae		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		152.10	1
	Other (specify) ▼		152.10	
Э.	Full Name (Last, First, Middle Initial) Dr. Audie George Klingler, , DC			Date of Receipt
	Mailing Address 203 Greene St			10 17 YYYY 2007
	City	State	Zip Code	Transaction ID: 26720959
	Cumberland	MD	21502-2877	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer Self	Occupation Chiropra		
	Receipt For:		Year-to-Date ▼	
	Primary General		050.00	1
	Other (specify) ▼	0 0	250.00	
S	UBTOTAL of Receipts This Page (optional)			115.42
т,	OTAL This Period (last page this line number on	lv)		

S	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 19 / 61
		Use separate schedule(s) or each category of the		(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and St for commercial purposes, other than using the	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	lress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Chiropractic Association PA	0		
Α.	Full Name (Last, First, Middle Initial) Dr. Robert D Mastronardi, , DC			Date of Receipt
	Mailing Address 78 Post Rd			10 17 2007
	City	State	Zip Code	Transaction ID: 26720960
	Warwick	RI	02888-1609	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Self	Occupation Chiroprac		
	Receipt For:		Year-to-Date V	\dashv
	Primary General	riggregate	Teal to Bate V	1
	Other (specify) ▼		350.00	
				4
В.	Full Name (Last, First, Middle Initial) Dr. H William Wolfson, , DC			Date of Receipt
	Mailing Address 131 Parkway Dr N			M M / D D / Y Y Y Y
				10 17 2007
	City	State	Zip Code	Transaction ID: 26720962
	Commack	NY	11725-4908	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer	Occupation	1	
	self	Chiroprad	otor	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		00000	1
	Other (specify) ▼	0 0	330.00	
— С.	Full Name (Last, First, Middle Initial) Dr. Thomas D Worden, , DC			Date of Receipt
٥.	Mailing Address 78 Deer Hill Ave			M M / D D / Y Y Y Y
	70 Beel Till 700			10 17 2007
	City	State	Zip Code	Transaction ID: 26720964
	Danbury	CT	06810-7938	Amount of Each Receipt this Period
	FEC ID number of contributing			50.00
	federal political committee.	C		50.00
	Name of Employer self	Occupation Chiroprac		
	Receipt For:		Year-to-Date V	-
	Primary General	. 1991 09410	1 1 1 1 1 1 1 1	1
	Other (specify)		250.00	
	•			1
8	UBTOTAL of Receipts This Page (optional)			125.00
Ĕ	ago (optional)			-

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 20 / 61 (check only one)
•			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
	American Chiropractic Association PAC			
۸.	Full Name (Last, First, Middle Initial) Dr. Michael K Taylor, , DC			Date of Receipt
	Mailing Address 3808 E 51st St			10 17 2007
	City	State	Zip Code	Transaction ID: 26720965
	Tulsa	OK	74135-3615	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer self	Occupation Chiropra		
	Receipt For:	· · · · · · · · · · · · · · · · · · ·	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
3.	Full Name (Last, First, Middle Initial) Dr. Carol C Grant, , DC			Date of Receipt
	Mailing Address 1601 Meridan Wtby Tpk	10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 26720966
	Milldale	CT	06467-0792	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Self	Occupation Chiropra		
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	350.00	
Full Name (Last, First, Middle Initial)				
Э.	Dr. Albert R Kalter, , DC			Date of Receipt
Э.		102		Date of Receipt 1 0
Э.	Dr. Albert R Kalter, , DC Mailing Address 400 Washington St Ste City	State	Zip Code	M M / D D / Y Y Y Y
С.	Dr. Albert R Kalter, , DC Mailing Address 400 Washington St Ste City Braintree		Zip Code 02184-4764	10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Э.	Dr. Albert R Kalter, , DC Mailing Address 400 Washington St Ste City	State	•	Transaction ID: 26720968
Э.	Dr. Albert R Kalter, , DC Mailing Address 400 Washington St Ste City Braintree FEC ID number of contributing	State MA	02184-4764	Transaction ID: 26720968 Amount of Each Receipt this Period
Э.	Dr. Albert R Kalter, , DC Mailing Address 400 Washington St Ste City Braintree FEC ID number of contributing federal political committee. Name of Employer Braintree Chiropractic Receipt For:	State MA C Occupation Chiroprae	02184-4764	Transaction ID: 26720968 Amount of Each Receipt this Period
С.	Dr. Albert R Kalter, , DC Mailing Address 400 Washington St Ste City Braintree FEC ID number of contributing federal political committee. Name of Employer Braintree Chiropractic	State MA C Occupation Chiroprae	02184-4764 notor	Transaction ID: 26720968 Amount of Each Receipt this Period
S.	Dr. Albert R Kalter, , DC Mailing Address 400 Washington St Ste City Braintree FEC ID number of contributing federal political committee. Name of Employer Braintree Chiropractic Receipt For: Primary General	State MA C Occupatio Chiropra Aggregate	02184-4764 notor Year-to-Date ▼ 325.00	Transaction ID: 26720968 Amount of Each Receipt this Period 25.00

SCHEDULE A (FEC Form 3X)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 61 (check only one) X	
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Chiropractic Association PAC				
Α.	Full Name (Last, First, Middle Initial) Dr. Elizabeth Virginia Kautz Koch, , DC Mailing Address PO Box 246 City Crimora FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify) Other (specify)	State VA C Occupation Chiroprae Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
3.	Full Name (Last, First, Middle Initial) Dr. Lawrence Marrich, , DC Mailing Address 3401 Carlisle Blvd NE City State Zip Code Albuquerque NM 87110-1648			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	self	Occupation Chiroprad Aggregate		50.00	
D.	Full Name (Last, First, Middle Initial) Dr. Carl Richard Eyman, , DC Mailing Address 1641 Venture Dr Ste C City Mount Vernon FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State OH C Occupation Chiroprace Aggregate		Date of Receipt M M M / D D M 2 0 0 7 Transaction ID: 26720975 Amount of Each Receipt this Period 50.00	
s	UBTOTAL of Receipts This Page (optional)		······	141.67	
T	OTAL This Period (last page this line number only	v)		. L	

COUEDING A /FEC Form 2V)				FOR LINE NUMBER: PAGE 22 / 61	
5	CHEDULE A (FEC Form 3X)	Use separate schedule(s)		(check only one)	
IT	EMIZED RECEIPTS	or each category of the		X 11a 11b 11c 12	
			Detailed Summary Page	13 14 15 16 17	
۸r	ny information copied from such Reports and Sta	atomonte may	y not be cold or used by any perc		
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	o solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)				
$ \rangle$	American Chiropractic Association PAC				
	American Omiopractic Association 1 Ac	,			
<u>/</u>	Full Name (Last, First, Middle Initial)				
A.	Dr. Frank C Etlinger, , DC			Date of Receipt	
	Mailing Address 1100 S Water Ave			M M / D D / Y Y Y Y	
				10 17 2007	
	City	State	Zip Code	Transaction ID: 26721001	
	Gallatin	TN	37066-3960	Amount of Each Receipt this Period	
	FEC ID number of contributing			20.40	
	federal political committee.	C		30.42	
	Name of Employer self	Occupation			
		Chiropra			
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General	' '	182.52	1	
	Other (specify) ▼		102.02		
R	Full Name (Last, First, Middle Initial) Dr. Gary Spainhower, , DC			Date of Receipt	
υ.				<u> </u>	
	Mailing Address 10905 Olson Dr	10 17 2007			
	City	State	Zip Code	Transaction ID: 26721002	
	Rancho Cordova	CA	95670-5659	Amount of Each Receipt this Period	
			33070 3033	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		25.00	
	rederal political committee.				
	Name of Employer	Occupation	า	\neg	
	self	Chiropra	ctor		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General	1 1	000.00	1	
	Other (specify)		200.00		
_	Full Name (Last, First, Middle Initial)			Pate of Paradial	
C.	Dr. Mathias M Pastore, , DC			Date of Receipt	
	Mailing Address 12300 Bermuda Crossr	oad Ln		10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code		
	-	VA		Transaction ID: 26721008	
	Chester	VA	23831-2352	Amount of Each Receipt this Period	
	FEC ID number of contributing	C		50.00	
	federal political committee.				
	Name of Employer	Occupation	1		
	Self		ctor		
	Receipt For:		Year-to-Date ▼	7	
	Primary General	1 1		7	
	Other (specify) ▼		400.00		
s	UBTOTAL of Receipts This Page (optional)			105.42	
\vdash				-	

COUEDING A (FEC Form 2V)				FOR LINE NUMBER: PAGE 23 / 61	
	CHEDULE A (FEC Form 3X)	Use separate schedule(s)		(check only one)	
ΙT	EMIZED RECEIPTS	or each category of the		X 11a 11b 11c 12	
			Detailed Summary Page	13 14 15 16 17	
۸r	ny information copied from such Reports and Sta	atomonte may	, not be cold or used by any pers		
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	o solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)				
$ \rangle$	American Chiropractic Association PAC				
	American Omiopractic Association i Ac	,			
<u>/</u>	Full Name (Last, First, Middle Initial)				
A.	Dr. Jenny L Wiemann, , DC			Date of Receipt	
	Mailing Address 331A Jungermann Rd			M M / D D / Y Y Y Y	
				10 17 2007	
	City	State	Zip Code	Transaction ID: 26721009	
	Saint Peters	MO	63376-5351	Amount of Each Receipt this Period	
	FEC ID number of contributing			100.00	
	federal political committee.	C		100.00	
				_	
	Name of Employer Self	Occupation			
		Chiropra			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		800.00	1	
	Other (specify) ▼			_	
R	Full Name (Last, First, Middle Initial) Dr. Gary Michael Grimsley, , DC			Date of Receipt	
υ.	Mailing Address 22780 Three Notch Rd			M M / D D / Y Y Y Y	
	Walling Address 22760 Tillee Notch Ad	10 17 2007			
	City	State	Zip Code	Transaction ID: 26721010	
	Lexington Park	MD	20653-1538	Amount of Each Receipt this Period	
	•	THE	20000 1000	Amount of Each recorpt this i ched	
	FEC ID number of contributing federal political committee.	C		50.00	
	Name of Employer self	Occupation			
	Sell	Chiropra	ctor		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		200.00	7	
	Other (specify)		200.00		
_	Full Name (Last, First, Middle Initial) Dr. Wayne F Priest, , DC			Date of Receipt	
Ċ.	Mailing Address PO Box 7			M M / D D / Y Y Y Y	
	Mailing Address PO Box /			10 17 2007	
	City	State	Zip Code	Transaction ID: 26721011	
	Berryville	AR	72616-0007	Amount of Each Receipt this Period	
	FEC ID number of contributing				
	federal political committee.	C		30.42	
	Name of Employer Self	Occupation			
			ctor		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		182.52	11	
	Other (specify)	0 0	102.32	1	
_					
				180.42	
S	UBTOTAL of Receipts This Page (optional)			100.42	
\vdash				-	

S	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 24 / 61
•		Use separate schedule(s) or each category of the		(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			Detailed Garminary 1 age	13 14 15 16 17
Ar	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	y information copied from such Reports and Sta for commercial purposes, other than using the n	ame and ado	dress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Chiropractic Association PAC	;		
\angle				
Δ	Full Name (Last, First, Middle Initial) Dr. Leonard F Vernon, , DC			Date of Receipt
Λ.	Mailing Address 813 E Gate Dr			M M / D D / Y Y Y Y
	Walling Address 813 L Gate Di			10 17 2007
	City	State	Zip Code	Transaction ID: 26721012
	Mount Laurel	NJ	08054-1238	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		30.42
	Name of Employer	Lossupation	•	_
	Name of Employer self	Occupation Chiroprac		
	Receipt For:	 	Year-to-Date ▼	_
	Primary General	Aggregate	r rear-to-bate ¥	1
	Other (specify)		182.52	
_	Full Name (Last, First, Middle Initial)			
В.	Dr. Steven A Gansen, , DC			Date of Receipt
	Mailing Address 210 N Meridian St Ste 1	10 17 2007		
	City			
	Belle Plaine	State MN	Zip Code 56011-1828	Transaction ID: 26721013
		IVIIN	30011-1828	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Self	Occupation		
		Chiroprac		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	, , , ,	600.00	1
	Other (specify)	1 1	000.00	
_	Full Name (Last, First, Middle Initial)			
C.	Dr. David B Waggoner, , DC			Date of Receipt
	Mailing Address 7000 NW Expressway S	Ste H		M M / D D / Y Y Y Y
				10 17 2007
	City	State	Zip Code	Transaction ID: 26721015
	Warr Acres	OK	73132-3509	Amount of Each Receipt this Period
	FEC ID number of contributing	С		50.00
	federal political committee.	<u> </u>		
	Name of Employer	Occupation	1	7
	self	Chiroprac		
	Receipt For:		Year-to-Date ▼	
	Primary General		050.00	1
	Other (specify)		350.00	
_				
				100.40
s	UBTOTAL of Receipts This Page (optional)			130.42
\vdash			·	-

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 25/61	
ITEMIZED RECEIPTS			or each category of the	(check only one)	
•••	LIMIZED HEOLII 13		Detailed Summary Page		11c 12
Δ.	winformation conicd from such Departs and Ct	atamanta mai	, not be cold or used by any never		15 16 17
or	y information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	rnot be sold or used by any perso dress of any political committee to	on for the purpose of soliciting solicit contributions from such	g contributions ch committee.
	NAME OF COMMITTEE (In Full)				
$ \rangle$	American Chiropractic Association PAG	2			
		-			
	Full Name (Last, First, Middle Initial)				
Α.	Dr. Casey J Iverson, , DC			Date of Receipt	
	Mailing Address PO Box 2371			10 17	2007
	City	State	Zip Code	Transaction ID: 2672	
	Grand Island	NE	68802-2371	Amount of Each Rece	
	FEC ID number of contributing		1 1 1 1 1 1 1	7 Induit of Edon ricoc	
	federal political committee.	C			100.00
		1.			
	Name of Employer self	Occupation			
	Receipt For:	Chiropra	e Year-to-Date V		
	Primary General	Aggregate	: Teal-10-Date V	,	
	Other (specify)		800.00		
				1	
	Full Name (Last, First, Middle Initial)				
В.	Dr. Shahrokh Shahverdi, , DC			Date of Receipt	
	Mailing Address 2160 N Glebe Rd			M M / D D / 17	2007
	City	State	Zip Code		
	Arlington VA		22207-2262	Transaction ID: 2672	
	•	VA	22201-2202	Amount of Each Rece	ipt this Period
	FEC ID number of contributing federal political committee.	C			30.42
	Name of Employer Dr. Yousefi	Occupation			
		Chiropra			
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	,	
	Other (specify)		182.52		
	outer (operating)	0 0	1 1 1 1 1 1 1	1	
_	Full Name (Last, First, Middle Initial)				
C.	Dr. Arthur Darwin Peterson, , DC			Date of Receipt	
	Mailing Address 3933 Spicewood Spring	gs Rd Ste E	100	10 17	2007
	City	State	Zip Code	Transaction ID: 2672	
	Austin	TX	78759-8674	Amount of Each Rece	
	FEC ID number of contributing		10100 0011	Amount of Each ricec	
	federal political committee.	C			50.00
	Name of Employer				
			1		
			ctor • Year-to-Date ▼	_	
			Flear-to-Date V	1	
Other (specify) ▼			200.00		
				1	
s	UBTOTAL of Receipts This Page (optional)				180.42
			<u> </u>	-	
T	OTAL This Period (last page this line number of				

SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 26 / 61
		Use separate schedule(s) or each category of the	(check only one)
ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
		2 stanea Sammary rago	13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Chiropractic Association PA	C		
Full Name (Last, First, Middle Initial) A. Dr. Nathaniel Ray Tuck, Jr, DC			Date of Receipt
Mailing Address 2045 N Franklin St			10 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 26721020
Christiansbrg	VA	24073-1227	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer Self	Occupation Chiroprae		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General	1 1	260.00	1
Other (specify) ▼	0 0	200.00	
Full Name (Last, First, Middle Initial) 3. Dr. Bradley D Johnson, , DC	•		Date of Receipt
Mailing Address 304 Hillsboro St Ste D	•		
			10 17 2007
City	State	Zip Code	Transaction ID: 26721021
Oxford	NC	27565-3274	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.42
Name of Employer	Occupation	n	
self	Chiropra	ctor	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	182.52	
Full Name (Last, First, Middle Initial) Dr. Karen A Mahlmeister, , DC	•		Date of Receipt
Mailing Address 134 E 15th St			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 26721022
Edmond	OK	73013-4303	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		65.00
Name of Employer Self	Occupation Chiropra		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General		520.00	1
Other (specify) ▼		320.00	
SUBTOTAL of Receipts This Page (optional)			115.42
. 3 (1 /			

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER:	PAGE 27/61
ITEMIZED RECEIPTS			or each category of the	(check only one)	
••	LIMIZED HEOLII 13		Detailed Summary Page	X 11a 11b	11c 12
Δ	winformsetion conical from such Deposits and Ct	-1		13 14	15 16 17
or	y information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from s	uch committee.
	NAME OF COMMITTEE (In Full)				
$ \rangle$	American Chiropractic Association PAG	3			
	'				
	Full Name (Last, First, Middle Initial)			5	
A.	Dr. Jason P Abshire, , DC			Date of Receipt	
	Mailing Address 913 S College Rd Ste 1	05		1 0 1 7	2007
	City	State	Zip Code	Transaction ID: 267	
	Lafayette	LA	70503-3061	Amount of Each Rec	
	FEC ID number of contributing		1 1 1 1 1 1	763	1 1 1 1
	federal political committee.	C			50.00
	N (5)	10			
	Name of Employer self	Occupation			
	Receipt For:	Chiropra	e Year-to-Date V	_	
	Primary General	Aggregate	FIEAI-IO-DAIC V	1	
	Other (specify)		300.00		
				'	
	Full Name (Last, First, Middle Initial)				
В.	Dr. John T Freeseman, , DC			Date of Receipt	
	Mailing Address 229 N Main St			10 17	2007
	City	State	Zip Code		
	Gordon	NE	69343-1277	Transaction ID: 267	
			09040-1211	Amount of Each Rec	eipi triis Period
	FEC ID number of contributing federal political committee.	C			25.00
	Name of Employer self	Occupation			
	Descipt For:	Chiropra			
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼		
	Other (specify)		200.00		
	care (eposity) 🔻	0 0	0 0 0 0 0 0 0		
	Full Name (Last, First, Middle Initial)				
C.	Dr. Richard W Haas, , DC			Date of Receipt	
	Mailing Address 1403 S Federal Ave			10 17	2007
	City	State	Zip Code	Transaction ID: 267	
	Mason City	IA	50401-5727	Amount of Each Rec	
	FEC ID number of contributing		001010121	Amount of Each Flee	
	federal political committee.	C			50.00
Name of Employer self		Occupation			
		Chiropra		_	
	Receipt For: Primary General		e Year-to-Date ▼		
Other (specify) ▼			550.00		
				'	
s	UBTOTAL of Receipts This Page (optional)				125.00
	. 5 ,			-	
T	OTAL This Period (last page this line number of				

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 61 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Chiropractic Association PAC			
A .	Full Name (Last, First, Middle Initial) Dr. Lloyd Denton Spiers, , DC Mailing Address 5295 Old Highway 11 St City Hattiesburg FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) City Mailing Address 1117 Arthur Ave City Racine FEC ID number of contributing federal political committee.	ast, First, Middle Initial) ton Spiers, , DC ess 5295 Old Highway 11 Ste 3 State Zip Code MS 39402-6022 Deer of contributing all committee. C Occupation chiropractor Aggregate Year-to-Date Aggregate Year-to-Date ast, First, Middle Initial) ast, First, Middle Initial) ast, First, Middle Initial) ast, Foc ess 1117 Arthur Ave State Zip Code WI 53405-2902 Deer of contributing		Date of Receipt M
	Receipt For: Primary General Other (specify) ▼	chiroprace Aggregate	etor e Year-to-Date ▼ 250.02	
C .	Full Name (Last, First, Middle Initial) Ms. Emily A Swonguer, , DC Mailing Address 700 Lea Blvd Suite 102 City Wilmington FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State DE C Occupation Chiroprae Aggregate		Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)			141.67
T	OTAL This Period (last page this line number on	lv)		

SCHEDULE A (FEC Form 3X) Use separate schedule(s)			FOR LINE NUMBER:	PAGE 29 / 61	
ITEMIZED RECEIPTS			or each category of the	(check only one)	. —
ITEMIZED RECEIPTS			Detailed Summary Page	X 11a 11b	11c 12
	., ., ., ., ., ., ., ., ., ., ., ., ., .			13 14	15 16 17
Ar or	ly information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	not be sold or used by any perso dress of any political committee to	n for the purpose of solicit solicit contributions from s	ing contributions such committee.
	NAME OF COMMITTEE (In Full)		7,1111111111111111111111111111111111111		
$ \rangle$	American Chiropractic Association PAG				
	7 illionodin omiopraolio 7 loccolation 1 7 kg				
_	Full Name (Last, First, Middle Initial)				
A.	Mr. Steven M Crotzer, , DC			Date of Receipt	
	Mailing Address 27 Birch Run			10 17	2007
	City	State	Zip Code	Transaction ID: 26	
	Orchard Park	NY	14127-1954	Amount of Each Red	
			14121 1004	Amount of Lacif Net	elpt triis renou
	FEC ID number of contributing federal political committee.	C			50.00
	Name of Employer Self	Occupation			
		Chiropra			
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	,	
	Other (specify)	' '	300.00		
	Carlot (opcony) \		1 1 1 1 1 1 1 1		
_	Full Name (Last, First, Middle Initial)				
В.	Dr. Ryan L Bowman, , DC			Date of Receipt	
	Mailing Address 2501 N Dodge St			M M / D D	/ Y Y Y Y
	0			10 17	2007
	City	State	Zip Code	Transaction ID: 26	
	lowa City	<u>IA</u>	52245-9556	Amount of Each Rec	ceipt this Period
	FEC ID number of contributing federal political committee.	C			50.00
	•				
	Name of Employer Occupation Self Occupation		า		
	Seil	Chiropra			
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		300.00		
	Other (specify)	0 0			
	Full Name (Last, First, Middle Initial)				
C.				Date of Receipt	
	Mailing Address 4112 Austin Bluffs Pkw	У		M M / D D	/ Y Y Y Y
				10 17	2007
	City	State	Zip Code	Transaction ID: 26	
	Colorado Springs	CO	80918-2928	Amount of Each Rec	ceipt this Period
	FEC ID number of contributing	С			35.00
	federal political committee.				
	Name of Employer	Occupation	า		
	Self	Chiropra	otor		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		210.00	1	
	Other (specify)		210.00		
_	IIDTOTAL of Descripto Till Born (1981)		135.00		
Ls	UBTOTAL of Receipts This Page (optional)	-			
_	OTAL This Period (last page this line number of	anly)			
1 1	VIAL THIS I CHOO (last page this line number t	/i ii y /	·······		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 30 / 61
-			Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and St for commercial purposes, other than using the	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Chiropractic Association PAC			
Α.	Full Name (Last, First, Middle Initial) Shannon W Barger, , DC			Date of Receipt
	Mailing Address 146 Walnut St			10 17 2007
	City	State	Zip Code	Transaction ID: 26721055
	Lawrenceburg	IN	47025-1892	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.42
	Name of Employer Self	Occupation Chiroprac		
	Receipt For:	<u> </u>	Year-to-Date ▼	\dashv
	Primary General	riggrogato	real to Bate V	1
	Other (specify)		182.52	
		0 0		· l
В.	Full Name (Last, First, Middle Initial) Dr. Audie George Klingler, , DC			Date of Receipt
	Mailing Address 203 Greene St			M M / D D / Y Y Y Y
				10 17 2007
	City	State	Zip Code	Transaction ID: 26721058
	Cumberland	MD	21502-2877	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer	Occupation	า	-
	Self	Chiroprac		
	Receipt For:		Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify)		300.00	
_	Full Name (Last, First, Middle Initial)			
C.	Dr. Robert D Mastronardi, , DC			Date of Receipt
	Mailing Address 78 Post Rd			10 17 2007
	City	State	Zip Code	Transaction ID: 26721059
	Warwick	RI	02888-1609	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Self	Occupation		7
		Chiropra		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		400.00	
	☐ Other (Specify) ₩			1
_	IIDTOTAL of December Title Day (1981)			130.42
\vdash	UBTOTAL of Receipts This Page (optional)		······	
1				

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 31 / 61 (check only one)
	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Chiropractic Association PAC			
A.	Full Name (Last, First, Middle Initial) Dr. H William Wolfson, , DC Mailing Address 131 Parkway Dr N			Date of Receipt
	City	State	Zip Code	1 0 1 7 2 0 0 7 Transaction ID: 26721061
	Commack	NY	11725-4908	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer self	Occupation Chiroprae		
	Receipt For: Primary General Other (specify) ▼	· · · · · · · · · · · · · · · · · · ·	Year-to-Date ▼ 355.00	
3.	Full Name (Last, First, Middle Initial) Dr. Thomas D Worden, , DC			Date of Receipt
	Mailing Address 78 Deer Hill Ave			10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 26721062
	Danbury	CT	06810-7938	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer self	Occupation Chiroprac	ctor	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		300.00	
	Full Name (Last, First, Middle Initial) Dr. Michael K Taylor, , DC			Date of Receipt
	Mailing Address 3808 E 51st St			10 17 2007
	City	State	Zip Code	Transaction ID: 26721063
	Tulsa	OK	74135-3615	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer self	Occupation Chiroprac	ctor	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 300.00	
SI	UBTOTAL of Receipts This Page (optional)			125.00
т	OTAL This Period (last page this line number or	nly))	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 32/61	
ITEMIZED RECEIPTS		or each category of the	(check only one)	
II EMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12	
		, ,	13 14 15 16 17	
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.	
NAME OF COMMITTEE (In Full)				
American Chiropractic Association PAG	C			
Full Name (Last, First, Middle Initial) A. Dr. Carol C Grant, , DC			Date of Receipt	
Mailing Address 1601 Meridan Wtby Tp	Mailing Address 1601 Meridan Wtby Tpk			
City	State	Zip Code	Transaction ID: 26721064	
<u>Milldale</u>	CT	06467-0792	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		50.00	
Name of Employer Self	Occupatio Chiropra			
Receipt For:		e Year-to-Date ▼		
Primary General	33 - 3		7	
Other (specify) ▼		400.00		
	0 0	0 0 0 0 0 0 0	4	
Full Name (Last, First, Middle Initial) B. Dr. Albert R Kalter, , DC			Date of Receipt	
Mailing Address 400 Washington St Ste	M M / D D / Y Y Y Y			
5 Too II dog.c Gt Gt.	Thailing Floor Coo Washington Ot Ole 102			
City	State	Zip Code	Transaction ID: 26721066	
Braintree	MA	02184-4764	Amount of Each Receipt this Period	
FEC ID number of contributing				
federal political committee.	C		25.00	
Name of Employer	Occupatio	 n	\dashv	
Braintree Chiropractic	Chiropra			
Receipt For:		e Year-to-Date V	_	
Primary General	, iggi ogait	7 Total to Bate V	7	
Other (specify)		350.00		
Care (open)/ •		0 0 0 0 0 0 0	4	
Full Name (Last, First, Middle Initial)				
C. Dr. Elizabeth Virginia Kautz Koch, , DC			Date of Receipt	
Mailing Address PO Box 246			10 17 2007	
City	State	Zip Code	Transaction ID: 26721068	
Crimora	VA	24431-0246	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		41.67	
Name of Employer	Occupatio	n	┪	
self	Chiropra	ctor		
Receipt For:		e Year-to-Date ▼		
Primary General			7	
Other (specify)		250.02		
			1	
CUPTOTAL of Possints This Page (anti-cart)	116.67			
SUBTOTAL of Receipts This Page (optional)			_	

SCHEDULE A (FEC Form 3X)

PAGE 33 / 61 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 13 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Chiropractic Association PAC Full Name (Last, First, Middle Initial) A. Dr. Lawrence Marrich, , DC Date of Receipt Mailing Address 3401 Carlisle Blvd NE 10 17 2007 Zip Code City State Transaction ID: 26721069 Albuquerque NM 87110-1648 Amount of Each Receipt this Period FEC ID number of contributing 50.00 C federal political committee. Name of Employer self Occupation Chiropractor Aggregate Year-to-Date ▼ Receipt For: Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Carl Richard Eyman, , DC Date of Receipt Mailing Address 1641 Venture Dr Ste C 17 2007 City State Zip Code Transaction ID: 26721070 Mount Vernon OH 43050-7001 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Self Occupation Chiropractor Receipt For: Aggregate Year-to-Date V Primary General 350.00 Other (specify) Full Name (Last, First, Middle Initial) C. Dr. Kassie Donoghue, , DC Date of Receipt Mailing Address 3020 E Street 2007 10 17 Citv State Zip Code Transaction ID: 26721071 Sacramento CA 95816 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Self Occupation Chiropractor Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 34 / 61
IT	EMIZED RECEIPTS		or each category of the	(check only one) X 11a
			Detailed Summary Page	13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Chiropractic Association PAC			
۹.	Full Name (Last, First, Middle Initial) Dr. Frank C Etlinger, , DC			Date of Receipt
	Mailing Address 1100 S Water Ave			10 17 2007
	City	State	Zip Code	Transaction ID: 26721083
	Gallatin	TN	37066-3960	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.42
	Name of Employer self	Occupation Chiropra		
	Receipt For:	<u> </u>	e Year-to-Date ▼	
	Primary General		212.94	7
	Other (specify)	0 0		
3.	Full Name (Last, First, Middle Initial) Dr. Gary Spainhower, , DC			Date of Receipt
	Mailing Address 10905 Olson Dr			10 17 2007
	City	State	Zip Code	Transaction ID: 26721084
	Rancho Cordova	CA	95670-5659	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer self	Occupation		
	Receipt For:	Chiropra	ctor e Year-to-Date ▼	
	Primary General	Aggregate	e real-lo-Dale ▼	7
	Other (specify) ▼	0 0	225.00	
) .	Full Name (Last, First, Middle Initial) Dr. Mathias M Pastore, , DC			Date of Receipt
	Mailing Address 12300 Bermuda Crossroad Ln			10 17 2007
	City	State	Zip Code	Transaction ID: 26721085
	Chester	VA	23831-2352	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Self	Occupation Chiropra		
	Receipt For:	<u> </u>	e Year-to-Date ▼	
	Primary General Other (specify)		450.00	1
			100.00	
	Other (specify)	0 0	0 0 0 0 0 0 0	
S	UBTOTAL of Receipts This Page (optional)			105.42

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 35 / 61
	· ·		Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	ame and add	lress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Chiropractic Association PAC	,		
Α.	Full Name (Last, First, Middle Initial) Dr. Jenny L Wiemann, , DC			Date of Receipt
	Mailing Address 331A Jungermann Rd			10 17 2007
	City	State	Zip Code	Transaction ID: 26721086
	Saint Peters	MO	63376-5351	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Self	Occupation Chiroprac		
	Receipt For:		Year-to-Date V	_
	Primary General	Aggregate	Teal-10-Date	1
	Other (specify)		900.00	
В.	Full Name (Last, First, Middle Initial) Dr. Gary Michael Grimsley, , DC			Date of Receipt
	Mailing Address 22780 Three Notch Rd	M M / D D / Y Y Y Y		
		10 17 2007		
	City	State	Zip Code	Transaction ID: 26721087
	Lexington Park	MD	20653-1538	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer	Occupation	1	
	self	Chiroprad	otor	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		050.00	1
	Other (specify) ▼	0 0	250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Wayne F Priest, , DC			Date of Receipt
٠.	Mailing Address PO Box 7			M M / D D / Y Y Y Y
	The man grade and a Box 7			10 17 2007
	City	State	Zip Code	Transaction ID: 26721088
	Berryville	AR	72616-0007	Amount of Each Receipt this Period
	FEC ID number of contributing			30.42
	federal political committee.	C		30.42
	Name of Employer Self	Occupation Chiroprac		
	Receipt For:		Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼	L	212.94	
_				
s	UBTOTAL of Receipts This Page (optional)			180.42
\vdash	,			

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 36 / 61
	•		Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	lress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Chiropractic Association PAC	;		
Α.	Full Name (Last, First, Middle Initial) Dr. Leonard F Vernon, , DC			Date of Receipt
	Mailing Address 813 E Gate Dr			10 17 2007
	City	State	Zip Code	Transaction ID: 26721089
	Mount Laurel	NJ	08054-1238	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.42
	Name of Employer self	Occupation Chiroprace		
	Receipt For:	<u> </u>	Year-to-Date V	-
	Primary General	Aggregate	Teal to Bate V	1
	Other (specify)		212.94	
				· l
В.	Full Name (Last, First, Middle Initial) Dr. Steven A Gansen, , DC			Date of Receipt
	Mailing Address 210 N Meridian St Ste 1	M M / D D / Y Y Y Y		
		10 17 2007		
	City	State	Zip Code	Transaction ID: 26721090
	Belle Plaine	MN	56011-1828	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer	Occupation	า	7
	Self	Chiroprac		
	Receipt For:		Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		650.00	
_	Full Name (Last, First, Middle Initial)			•
C.	Dr. David B Waggoner, , DC			Date of Receipt
	Mailing Address 7000 NW Expressway S	Ste H		10 17 2007
	City	State	Zip Code	Transaction ID: 26721092
	Warr Acres	OK	73132-3509	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer	Occupation	า	\dashv
	self	Chiroprac		
	Receipt For:		Year-to-Date ▼	_
	Primary General	. 1991 09410		1
	Other (specify)		400.00	
				1
8	UBTOTAL of Receipts This Page (optional)			130.42
\vdash				-

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 37 / 61	
	ITEMIZED RECEIPTS		or each category of the	(check only one)	. —
•••	LIMIZED RECEIF 13		Detailed Summary Page	X 11a 11b	11c 12
				13 14	15 16 17
Ar	y information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	/ not be sold or used by any perso dress of any political committee to	on for the purpose of solicities of solicities.	ng contributions such committee
<u></u>	NAME OF COMMITTEE (In Full)		areas ar arry permean committee to		
$ \rangle$	American Chiropractic Association PAC	`			
	American Omropractic Association 1 Ac	,			
	Full Name (Last, First, Middle Initial)				
A.	Dr. Casey J Iverson, , DC			Date of Receipt	
	Mailing Address PO Box 2371			M M / D D	
	Cit.	01-1-	7:- Onda	10 17	2007
	City Crand Jaland	State	Zip Code	Transaction ID: 26	
	Grand Island	NE	68802-2371	Amount of Each Red	eipt this Period
	FEC ID number of contributing federal political committee.	C			100.00
	rederal political committee.				
	Name of Employer self	Occupation			
		Chiropra			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		900.00		
	Other (specify)			J	
_	Full Name (Last, First, Middle Initial)				
В.	Dr. Shahrokh Shahverdi, , DC			Date of Receipt	
	Mailing Address 2160 N Glebe Rd			M M / D D	/ Y Y Y Y
				10 17	2007
	City	State	Zip Code	Transaction ID: 26721094	
	Arlington	VA	22207-2262	Amount of Each Red	eipt this Period
	FEC ID number of contributing	C			30.42
	federal political committee.				00
	Name of Employer Dr. Yousefi	Occupation	n	-	
	Dr. Yousefi	Chiropra			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		212.04	1	
	Other (specify)		212.94		
C.	Full Name (Last, First, Middle Initial) Dr. Arthur Darwin Peterson, , DC			Date of Receipt	
٠.	Mailing Address 3933 Spicewood Spring	ne Rd Sta F	100	M M / D D	/ Y Y Y Y
	OSOS OPIGEWOOD OPINI	33 1 ta Oto L	100	10 17	2007
	City	State	Zip Code	Transaction ID: 26	721095
	Austin	TX	78759-8674	Amount of Each Red	eipt this Period
	FEC ID number of contributing				50.00
	federal political committee.	C			30.00
	Name of Employer	Occupation		\dashv	
	Self	Chiropra			
			e Year-to-Date ▼	7	
	Primary General			1	
Other (specify) ▼			250.00		
					100.40
s	UBTOTAL of Receipts This Page (optional)				180.42
T	OTAL This Period (last page this line number of				

S	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 38 / 61
ıт	ITEMIZED RECEIPTS		or each category of the	(check only one)
••	LIVIIZED RECEII 13		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Δr	y information copied from such Reports and Statements	te may r	not he cold or used by any perso	
or	for commercial purposes, other than using the name an	nd addre	ess of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Chiropractic Association PAC			
\angle				
Α.	Full Name (Last, First, Middle Initial) Dr. Nathaniel Ray Tuck, Jr, DC			Date of Receipt
Α.	Mailing Address 2045 N Franklin St			M M / D D / Y Y Y Y
	Walling Address 2045 IN Franklin St			10 17 2007
	City Stat	ate	Zip Code	Transaction ID: 26721097
	<u>Christiansbrg</u> VA	١	24073-1227	Amount of Each Receipt this Period
	FEC ID number of contributing			00.00
	federal political committee.			20.00
	Name of Employer Occu	upation		7
		opract	or	
		regate \	Year-to-Date ▼	
	Primary General		280.00	
	Other (specify) ▼	0	200.00	
_	Full Name (Last, First, Middle Initial)			
В.	Dr. Bradley D Johnson, , DC			Date of Receipt
	Mailing Address 304 Hillsboro St Ste D			M " M / D " D / Y " Y " Y " Y
		10 17 2007		
	City Stat		Zip Code	Transaction ID: 26721098
	Oxford NC)	27565-3274	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee			30.42
	federal political committee.			
	Name of Employer Occu	upation		7
	Self Chira	opract	or	
		regate \	Year-to-Date ▼	
	Primary General		212.94	
	Other (specify)	0 0		
_	Full Name (Last, First, Middle Initial)			
C.	Dr. Karen A Mahlmeister, , DC			Date of Receipt
	Mailing Address 134 E 15th St			M M / D D / Y Y Y Y
	011		7: 0 1	10 17 2007
	City Stat		Zip Code	Transaction ID: 26721099
	<u>Edmond</u> OK	`	73013-4303	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			65.00
	Todardi political committee.			
	Solf ' '	upation		
	Chirc	opract		4
		regate \	Year-to-Date ▼	. [
	Primary General Other (specify) ▼		585.00	
		0 (0 0 0 0 0 0	
	l .			
s	UBTOTAL of Receipts This Page (optional)		.	115.42
\vdash			<u>^</u>	
Ιт	OTAL This Period (last page this line number only)			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 39 / 61
	EMIZED RECEIPTS		or each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
An	y information copied from such Reports and State	ements may	not be sold or used by any perso	
or	for commercial purposes, other than using the na	me and add	lress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
/	American Chiropractic Association PAC			
۹.	Full Name (Last, First, Middle Initial) Dr. Jason P Abshire, , DC			Date of Receipt
	Mailing Address 913 S College Rd Ste 10	5		10 17 2007
	City	State	Zip Code	Transaction ID: 26721100
	Lafayette	LA	70503-3061	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer self	Occupation Chiroprac		
	Receipt For:		Year-to-Date ▼	
	Primary General	7.99.094.0		1
	Other (specify) ▼	0 0	350.00	
3.	Full Name (Last, First, Middle Initial) Dr. John T Freeseman, , DC			Date of Receipt
	Mailing Address 229 N Main St			10 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 26721101
	Gordon	NE	69343-1277	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer self	Occupation		
	Receipt For:	Chiroprad	e Year-to-Date ▼	
	Primary General	Aggregate	rear-to-Date V	1
	Other (specify) ▼		225.00	
Э.	Full Name (Last, First, Middle Initial) Dr. Richard W Haas, , DC			Date of Receipt
	Mailing Address 1403 S Federal Ave			10 17 YYYY 2007
	City	State	Zip Code	Transaction ID: 26721102
	Mason City	IA	50401-5727	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer self	Occupation Chiroprac		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		600.00	1
	Other (specify) ▼		000.00	
S	UBTOTAL of Receipts This Page (optional)			125.00
т,	OTAL This Period (last page this line number onl	v)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 61 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	ly information copied from such Reports and Stati for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso ress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Chiropractic Association PAC			
۹.	Full Name (Last, First, Middle Initial) Dr. Lloyd Denton Spiers, , DC	- 0		Date of Receipt
	Mailing Address 5295 Old Highway 11 Ste			10 17 2007
	City Hattiesburg	State MS	Zip Code 39402-6022	Transaction ID: 26721104
	FEC ID number of contributing federal political committee.	C	39402-0022	Amount of Each Receipt this Period 50.00
	Name of Employer Self Receipt For:	Occupation chiroprac		
	Primary General Other (specify) ▼	Aggregate	350.00	
3.	Full Name (Last, First, Middle Initial) Dr. Irene L Parent, , DC Mailing Address 1117 Arthur Ave			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 26721105
	Racine FEC ID number of contributing federal political committee.	C	53405-2902	Amount of Each Receipt this Period 41.67
	Name of Employer Self	Occupation chiroprac		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 291.69	
Э.	Full Name (Last, First, Middle Initial) Ms. Emily A Swonguer, , DC			Date of Receipt
	Mailing Address 700 Lea Blvd Suite 102			10 17 2007
	City	State	Zip Code	Transaction ID: 26721109
	Wilmington FEC ID number of contributing federal political committee.	DE C	19802-2541	Amount of Each Receipt this Period 50.00
	Name of Employer Self	Occupation		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	
s	UBTOTAL of Receipts This Page (optional)			141.67
	,		<u> </u>	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 41 / 61
ITEMIZED RECEIPTS			or each category of the	(check only one)
• •			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
۸n	y information copied from such Reports and Statem	onte may	not be cold or used by any perso	
or	for commercial purposes, other than using the name	e and add	lress of any political committee to	solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Chiropractic Association PAC			
_				
Δ.	Full Name (Last, First, Middle Initial) Mr. Steven M Crotzer DC			Date of Receipt
-	Mailing Address 27 Birch Run			M M / D D / Y Y Y Y
				10 17 2007
	,	State	Zip Code	Transaction ID: 26721111
	Orchard Park	NY	14127-1954	Amount of Each Receipt this Period
	FEC ID number of contributing	C '		50.00
	federal political committee.	<u> </u>		
	Name of Employer Oc	ccupation	1	7
	Self C	hiroprac	ctor	
		ggregate	Year-to-Date ▼	
	Primary General	-	350.00	
	Other (specify)			
	Full Name (Last, First, Middle Initial)			
3.	Dr. Kassie Donoghue, , DC			Date of Receipt
	Mailing Address 3020 E Street			M M / D D / Y Y Y Y
				10 17 2007
	,	State CA	Zip Code	Transaction ID: 26721112
		CA	95816	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			50.00
	Salf	ccupation		
	· ·	hiroprac	Year-to-Date ▼	_
	Receipt For: Primary General	iggregale	Teal-10-Date ▼	
	Other (specify) ▼		450.00	
	Full Name (Last, First, Middle Initial)			B (B
J.	Scott F Cook, , DC			Date of Receipt
	Mailing Address 4112 Austin Bluffs Pkwy			10 17 2007
	City	State	Zip Code	Transaction ID: 26721120
	Colorado Springs	CO	80918-2928	Amount of Each Receipt this Period
	FEC ID number of contributing	C		35.00
	federal political committee.	<u> </u>		56.66
	Name of Employer Oo Self	ccupation	1	1
	Self	hiroprac	ctor	
		ggregate	Year-to-Date ▼	
	Primary General	1 1	245.00	
	Other (specify)	1 1	273.00	
Q!	UBTOTAL of Receipts This Page (optional)			135.00
	ODI OTAL OF HECEIPIS THIS FAGE (OPHOHAI)		······································	
т	OTAL This Period (last page this line number only)			

S	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 42 / 61
		Use separate schedule(s) or each category of the		(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and St for commercial purposes, other than using the	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Chiropractic Association PAG			
Α.	Full Name (Last, First, Middle Initial) Shannon W Barger, , DC			Date of Receipt
	Mailing Address 146 Walnut St			10 17 2007
	City	State	Zip Code	Transaction ID: 26721123
	Lawrenceburg	IN	47025-1892	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.42
	Name of Employer Self	Occupation Chiroprac		
	Receipt For:	<u> </u>	Year-to-Date ▼	\dashv
	Primary General	riggrogato	rear to Bate V	1
	Other (specify)		212.94	
		0 0		
В.	Full Name (Last, First, Middle Initial) Dr. Audie George Klingler, , DC			Date of Receipt
	Mailing Address 203 Greene St			M M / D D / Y Y Y Y
				10 17 2007
	City	State	Zip Code	Transaction ID: 26721126
	Cumberland	MD	21502-2877	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer	Occupation	า	
	Self	Chiroprac		
	Receipt For:		Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify) ▼		350.00	
_	Full Name (Last, First, Middle Initial)			
C.	Dr. Robert D Mastronardi, , DC			Date of Receipt
	Mailing Address 78 Post Rd			10 17 2007
	City	State	Zip Code	Transaction ID: 26721127
	Warwick	RI	02888-1609	Amount of Each Receipt this Period
	FEC ID number of contributing			50.00
	federal political committee.	C		30.00
	Name of Employer Self	Occupation Chiroprac		
	Receipt For:		Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		450.00	
_				
s	UBTOTAL of Receipts This Page (optional)			130.42
\vdash	. 5 (17			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 61 (check only one) X 11a 11b 11c 12
Any or f	r information copied from such Reports and Sta or commercial purposes, other than using the n	tements may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Chiropractic Association PAC		, , , , , , , , , , , , , , , , , , , ,	
A.	Full Name (Last, First, Middle Initial) Dr. H William Wolfson, , DC Mailing Address 131 Parkway Dr N City Commack FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State NY C Occupation Chiropra Aggregate		Date of Receipt M M J J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3	Full Name (Last, First, Middle Initial) Dr. Michael K Taylor, , DC Mailing Address 3808 E 51st St City Tulsa FEC ID number of contributing federal political committee.	State OK	Zip Code 74135-3615	Date of Receipt M M J D D Z Z D O Z Transaction ID: 26721130 Amount of Each Receipt this Period 50.00
	Name of Employer self Receipt For: Primary General Other (specify) ▼	Occupation Chiroprad Aggregate		
C	Full Name (Last, First, Middle Initial) Dr. Carol C Grant, , DC Mailing Address 1601 Meridan Wtby Tpk City Milldale FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State CT C Occupation Chiroprae		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
su	JBTOTAL of Receipts This Page (optional)			125.00
	OTAL This Period (last page this line number or		<u> </u>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 44 / 61
ITEMIZED RECEIPTS		or each category of the		(check only one)
•••	LIMIZED RECEII 13		Detailed Summary Page	X 11a 11b 11c 12
Δ	winformation conicd from such Departs and Ci			13 14 15 16 17
or	y information copied from such Reports and Si for commercial purposes, other than using the	name and add	r not be sold or used by any personal distribution of any political committee to	on for the purpose of soliciting contributions as solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Chiropractic Association PA	C 		
A.	Full Name (Last, First, Middle Initial) Dr. Albert R Kalter, , DC			Date of Receipt
	Mailing Address 400 Washington St Ste	102		10 17 2007
	City	State	Zip Code	Transaction ID: 26721132
	Braintree	MA	02184-4764	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer Braintree Chiropractic	Occupation		
	Receipt For:		Year-to-Date ▼	
	Primary General	-	275.00	1
	Other (specify) ▼		375.00	
В.	Full Name (Last, First, Middle Initial) Dr. Elizabeth Virginia Kautz Koch, , DC			Date of Receipt
	Mailing Address PO Box 246			10 17 2007
	City	State	Zip Code	Transaction ID: 26721135
	Crimora	VA	24431-0246	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67
	Name of Employer self	Occupation Chiroprae		
			Year-to-Date ▼	
	Receipt For:	Aggregate	Todi to Date V	
	Receipt For: Primary General	Aggregate		1
		Aggregate	291.69	
C.	Primary General	Aggregate		Date of Receipt
	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Aggregate		Date of Receipt 10 17 2007
C .	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Lawrence Marrich, , DC Mailing Address 3401 Carlisle Blvd NE City	State	291.69 Zip Code	M M / D D / Y Y Y Y
C .	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Lawrence Marrich, , DC Mailing Address 3401 Carlisle Blvd NE	0 0	291.69	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C.	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Lawrence Marrich, , DC Mailing Address 3401 Carlisle Blvd NE City	State	291.69 Zip Code	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C.	Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. Lawrence Marrich, , DC Mailing Address 3401 Carlisle Blvd NE City Albuquerque FEC ID number of contributing	State NM	Zip Code 87110-1648	Transaction ID: 26721136 Amount of Each Receipt this Period
c.	Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. Lawrence Marrich, , DC Mailing Address 3401 Carlisle Blvd NE City Albuquerque FEC ID number of contributing federal political committee. Name of Employer	State NM C Occupation Chiroprae	Zip Code 87110-1648	Transaction ID: 26721136 Amount of Each Receipt this Period
C.	Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. Lawrence Marrich, , DC Mailing Address 3401 Carlisle Blvd NE City Albuquerque FEC ID number of contributing federal political committee. Name of Employer self	State NM C Occupation Chiroprae	Zip Code 87110-1648	Transaction ID: 26721136 Amount of Each Receipt this Period
	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Lawrence Marrich, , DC Mailing Address 3401 Carlisle Blvd NE City Albuquerque FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify) ▼	State NM C Occupation Chiroprae Aggregate	Zip Code 87110-1648 an ottor Year-to-Date ▼	Transaction ID: 26721136 Amount of Each Receipt this Period
	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Lawrence Marrich, , DC Mailing Address 3401 Carlisle Blvd NE City Albuquerque FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General	State NM C Occupation Chiroprae Aggregate	Zip Code 87110-1648 an ottor Year-to-Date ▼	Transaction ID: 26721136 Amount of Each Receipt this Period 50.00

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 45/61
	EMIZED RECEIPTS		or each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An	y information copied from such Reports and Stat	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full)			
\rangle	American Chiropractic Association PAC			
۹.	Full Name (Last, First, Middle Initial) Dr. Carl Richard Eyman, , DC			Date of Receipt
	Mailing Address 1641 Venture Dr Ste C			10 17 2007
	City	State	Zip Code	Transaction ID: 26721137
	Mount Vernon	OH	43050-7001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Self	Occupation Chiropra		
	Receipt For:		e Year-to-Date 🔻	-
	Primary General	1.599		1
	Other (specify)		400.00	
3.	Full Name (Last, First, Middle Initial) Dr. Thomas D Worden, , DC			Date of Receipt
	Mailing Address 78 Deer Hill Ave			10 17 2007
	City	State	Zip Code	Transaction ID: 26721138
	Danbury	CT	06810-7938	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer self	Occupation Chiropra		
	Receipt For:		e Year-to-Date ▼	-
	Primary General			1
	Other (specify) ▼	0 0	350.00	
Э.	Full Name (Last, First, Middle Initial) Dr. Charles J Thorne, , DC			Date of Receipt
	Mailing Address 3 Nashua Ct Ste H			10 17 2007
	City	State	Zip Code	Transaction ID: 26721140
	Baltimore	MD	21221-3133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		600.00
	Name of Employer self	Occupation Chiropra		
	Receipt For:	· · · · · · · · · · · · · · · · · · ·	e Year-to-Date ▼	7
	Primary General	· · ·	600.00	
	Other (specify) ▼			
SI	UBTOTAL of Receipts This Page (optional)			700.00
T	OTAL This Period (last page this line number or	nly))	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 46 / 61 (check only one) X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full) American Chiropractic Association PAC	;		
A.	Full Name (Last, First, Middle Initial) Dr. Robert D Mastronardi, , DC			Date of Receipt
	Mailing Address 78 Post Rd			10 19 2007
	City Warwick	State RI	Zip Code 02888-1609	Transaction ID: 26728462 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Self	Occupation Chiroprae		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 550.00	
В.	Full Name (Last, First, Middle Initial) Dr. J Calvin Wenger, , DC			Date of Receipt
	Mailing Address 1516 Lititz Pike			10 19 2007
	City	State	Zip Code	Transaction ID: 26728466
	Lancaster FEC ID number of contributing federal political committee.	C	17601-6506	Amount of Each Receipt this Period 50.00
	Name of Employer self	Occupation Chiropra		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Thomas U Chasse, , DC			Date of Receipt
	Mailing Address 262 Main St			10 19 2007
	City	State	Zip Code	Transaction ID: 26728468
	Waterville	ME	04901-4857	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer self	Occupation Chiropra		
	Receipt For:		e Year-to-Date ▼	+
	Primary General Other (specify) ▼	55 19.00	600.00	
s	UBTOTAL of Receipts This Page (optional))	300.00

S	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 47 / 61
ITEMIZED RECEIPTS			or each category of the	(check only one)
••	LIMIZED HEOLII 13		Detailed Summary Page	X 11a 11b 11c 12
Δη	v information copied from such Paperts and S	tatamente may	y not be cold or used by any nors	an for the purpose of collecting contributions
or	y information copied from such Reports and S for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Chiropractic Association PA	C		
A.	Full Name (Last, First, Middle Initial) Dr. Daniel R Geary, , DC			Date of Receipt
	Mailing Address 603 Loucks Ave			10 19 2007
	City	State	Zip Code	Transaction ID: 26728477
	Scottdale	PA	15683-1523	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Self	Occupation		
	Receipt For:		Year-to-Date ▼	
	Primary General	00 0		7
	Other (specify) ▼	0 0	100.00	
В.	Full Name (Last, First, Middle Initial) Dr. Craig A Ditzler, , DC			Date of Receipt
	Mailing Address 3202 Governor Dr Ste	10 19 2007		
	City	State	Zip Code	Transaction ID: 26728478
	San Diego	CA	92122-2940	Amount of Each Receipt this Period
	FFC ID number of contribution			100.00
	FEC ID number of contributing federal political committee.	C		100.00
		Occupation		100.00
	federal political committee. Name of Employer	Occupation Chiroprae		100.00
	Name of Employer self	Occupation Chiroprae	otor	100.00
	federal political committee. Name of Employer self Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Occupation Chiroprae	otor Year-to-Date ▼	
	federal political committee. Name of Employer self Receipt For: Primary General Other (specify) ▼	Occupation Chiroprae	otor Year-to-Date ▼	Date of Receipt 100.00
c.	federal political committee. Name of Employer self Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Steven J Brodar, , DC	Occupation Chiroprae	otor Year-to-Date ▼	Date of Receipt
	federal political committee. Name of Employer self Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Steven J Brodar, , DC Mailing Address 1400 S Main St	Occupation Chiroprad Aggregate	etor Year-to-Date ▼ 300.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
 C.	federal political committee. Name of Employer self Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Steven J Brodar, , DC Mailing Address 1400 S Main St City	Occupation Chiroprad Aggregate	etor Year-to-Date ▼ 300.00 Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C.	federal political committee. Name of Employer self Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Steven J Brodar, , DC Mailing Address 1400 S Main St City Lexington FEC ID number of contributing	Occupation Chiroprad Aggregate	Zip Code 27292-2840	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C.	federal political committee. Name of Employer self Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Steven J Brodar, , DC Mailing Address 1400 S Main St City Lexington FEC ID number of contributing federal political committee. Name of Employer	Occupation Chiroprace Aggregate State NC C Occupation Chiroprace	Zip Code 27292-2840	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C.	federal political committee. Name of Employer self Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Steven J Brodar, , DC Mailing Address 1400 S Main St City Lexington FEC ID number of contributing federal political committee. Name of Employer self	Occupation Chiroprace Aggregate State NC C Occupation Chiroprace	Zip Code 27292-2840	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	federal political committee. Name of Employer self Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Steven J Brodar, , DC Mailing Address 1400 S Main St City Lexington FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General	State NC C Occupation Chiroprace Aggregate State AC Aggregate Aggregate	Zip Code 27292-2840 Zip Code 27292-2840 300.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 48 / 61
•		Use separate schedule(s) or each category of the		(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			Detailed Currintary 1 age	13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the i	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Chiropractic Association PAC	;		
Α.	Full Name (Last, First, Middle Initial) Dr. James J Badge, , DC			Date of Receipt
	Mailing Address 5658 N 19th Ave			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 26728480
	Phoenix	AZ	85015-2403	
		- AZ	85015-2405	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1200.00
	Name of Employer Self	Occupation		
	Descript Form	Chiropra		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		1400.00	
	Other (specify)	0 0	0 0 0 0 0 0 0	1
В.	Full Name (Last, First, Middle Initial) Dr. Thomas W Rook, , DC			Date of Receipt
	Mailing Address 214 E De La Guerra St			M M / D D / Y Y Y Y
				10 19 2007
	City	State	Zip Code	Transaction ID: 26728483
	Santa Barbara	CA	93101-2248	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer	Occupation	1	
	Self	Chiroprad	otor	
	Receipt For:		Year-to-Date ▼	
	Primary General			1
	Other (specify)		800.00	
— С.	Full Name (Last, First, Middle Initial) Dr. Ross S Royster, , DC			Date of Receipt
	Mailing Address 2205 N Sherman Ave			M M / D D / Y Y Y Y
	City	Ctat-	7in Code	10 19 2007
	City	State	Zip Code	Transaction ID: 26728484
	Madison	WI	53704-3310	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		300.00
	Name of Employer self	Occupation		
		Chiropra		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		300.00	
	Other (specify)		000.00	1
				2000.00
Ls	UBTOTAL of Receipts This Page (optional)			2000.00

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 49 / 61			
	EMIZED RECEIPTS	or each category of the		(check only one)			
•••	LIMIZED RECEIF 13		Detailed Summary Page	X 11a 11b 11c 12			
	oriotomoritan anticol (companie December 2010)	-1		13 14 15 16 17			
or	ny information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full)						
	American Chiropractic Association PAC						
A.	Full Name (Last, First, Middle Initial) Dr. John R Zrelak, , DC			Date of Receipt			
	Mailing Address 414 N Orleans St Ste 2			10 19 2007			
	City	State	Zip Code	Transaction ID: 26728487			
	Chicago	<u>IL</u>	60610-4493	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer Self	Occupation Chiroprae					
	Receipt For:		e Year-to-Date ▼				
	Primary General		050.00	1			
	Other (specify) ▼	0 0	250.00				
В.	Full Name (Last, First, Middle Initial) Dr. Daniel R Geary, , DC			Date of Receipt			
	Mailing Address 603 Loucks Ave			10 19 2007			
	City	State	Zip Code	Transaction ID: 26728489			
	Scottdale	PA	15683-1523	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer Self	Occupation Chiropra					
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General		350.00	7			
	Other (specify) ▼	0 0	330.00				
c.	Full Name (Last, First, Middle Initial) James B Cregg, , DC			Date of Receipt			
	Mailing Address 9676 Campo Rd			10 19 2007			
	City	State	Zip Code	Transaction ID: 26728491			
	Spring Valley	CA	91977-1251	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		50.00			
	Name of Employer Self	Occupation					
-			e Year-to-Date ▼				
		-	350.00	7			
	Other (specify) ▼	0 0	330.00				
s	UBTOTAL of Receipts This Page (optional)			550.00			
				_			
I T	OTAL This Period (last page this line number of	only)					

				FOR LINE NUMBER: PAGE 50 / 61				
	CHEDULE A (FEC Form 3X)	Use separate schedule(s)		(check only one)				
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12				
			Detailed Summary Page					
۸r	ny information copied from such Reports and St	atomonte ma	rot be cold or used by any perc					
or	for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full)							
$ \rangle$	American Chiropractic Association PAC	•						
	American Chiropractic Association i Ac	,						
<u>/</u>	Full Name (Last, First, Middle Initial)							
A.				Date of Receipt				
	Mailing Address 806B Plaza 66 Hwy 669	 S		M M / D D / Y Y Y Y				
				10 19 2007				
	City	State	Zip Code	Transaction ID: 26728493				
	Kernersville	NC	27284	Amount of Each Receipt this Period				
	FEC ID number of contributing			100.00				
	federal political committee.	C		100.00				
				_				
	Name of Employer self	Occupation						
		Chiropra						
	Receipt For:	Aggregate	e Year-to-Date ▼					
	Primary General		600.00] [
	Other (specify) ▼			J.				
R	Full Name (Last, First, Middle Initial) Dr. Ermel F Harris, , DC			Date of Receipt				
υ.	Mailing Address 1100 9th St Ste G			M M / D D / Y Y Y Y				
	Maining Address 1100 9(II St Ste G			10 19 2007				
	City	State	Zip Code	Transaction ID: 26728497				
	Vienna	WV	26105-2176	Amount of Each Receipt this Period				
		111	20100 2170	Amount of Each recorpt this i choo				
	FEC ID number of contributing federal political committee.	C		250.00				
	Name of Employer Self	Occupation						
		Chiropra	ctor					
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General	, ,	250.00	1				
	Other (specify) ▼		230.00					
_	Full Name (Last, First, Middle Initial) Dr. Pamela Adan, , DC			Date of Receipt				
Ċ.	-			M M / D D / Y Y Y Y				
	Mailing Address 1437 Us Highway 1			10 19 2007				
	City	State	Zip Code	Transaction ID: 26731597				
	Sebastian	FL	32958-3816	Amount of Each Receipt this Period				
			3233 33.5					
	FEC ID number of contributing federal political committee.	C		200.00				
	Name of Employer Self	Occupation						
		Chiropra						
	Receipt For:	Aggregate	e Year-to-Date ▼					
	Primary General		200.00	1				
	Other (specify) ▼		300.00					
_								
				550.00				
s	UBTOTAL of Receipts This Page (optional)			550.00				
\vdash				-				

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 61 (check only one) X 11a 11b 11c 12
_			, ,	13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Chiropractic Association PAC			
۹.	Full Name (Last, First, Middle Initial) Dr. Justin W. Bode, , DC Mailing Address 300 Magnolia Square Ct			Date of Receipt
				10 22 7 2007
	City Aberdeen	State NC	Zip Code 28315-2227	Transaction ID: 26739987
	FEC ID number of contributing federal political committee.	C	20313-2221	Amount of Each Receipt this Period 100.00
	Name of Employer Self	Occupation		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 300.00	
3.	Full Name (Last, First, Middle Initial) Dr. Steven W Fors, , DC			Date of Receipt
	Mailing Address 637 State Rd			10 22 7 2007
	City	State	Zip Code	Transaction ID: 26739988
	Westport TEC ID reserve and contribution	MA	02790-2819	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Self	Occupation Chiropra		
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		400.00	
	Full Name (Last, First, Middle Initial) Dr. Irene L Parent, , DC			Date of Receipt
	Mailing Address 1117 Arthur Ave			10 22 2007
	City	State	Zip Code	Transaction ID: 26740406
	Racine	WI	53405-2902	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Self	Occupation chiroprac		
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 491.69	
S	UBTOTAL of Receipts This Page (optional)			500.00
_	OTAL This Period (last page this line number on	dv)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52 / 61 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Chiropractic Association PAC			
Full Name (Last, First, Middle Initial) Dr. Shayne N Bushong, , DC Mailing Address Chriopractic Associates 1361 Fruitville Pike				Date of Receipt M M J D D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 26740407
	Eancaster FEC ID number of contributing federal political committee.	C	17601-4001	Amount of Each Receipt this Period 100.00
	Name of Employer self Receipt For: Primary General Other (specify) ▼	Occupation Chiroprace Aggregate		
Full Name (Last, First, Middle Initial) Dr. Katherine S. Pulse, , DC Mailing Address 12325 Scarsdale Blvd				Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 26740408
	Houston	TX	77089-6027	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		600.00
	Name of Employer self	Occupation Chiroprad		
	Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate	e Year-to-Date ▼ 600.00	
).	Full Name (Last, First, Middle Initial) Dr. Rebecca Ann Brinkman, , DC			Date of Receipt
	Mailing Address 8753 Yates Dr Ste 104			10 22 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 26740414
	Westminster	СО	80031-3679	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		300.00
	Name of Employer self	Occupation chiroprac	ctor	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
S	UBTOTAL of Receipts This Page (optional)			1000.00
т	OTAL This Period (last page this line number on	lv)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 53 / 61
ITEMIZED RECEIPTS			or each category of the	(check only one)
•••	EIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	ny information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Chiropractic Association PAC			
Α.	Full Name (Last, First, Middle Initial) Dr. Daniel R Staight, , DC			Date of Receipt
	Mailing Address 223 S Kenwood St			10 26 7 2007
	City	State	Zip Code	Transaction ID: 26750963
	Casper	WY	82601-3030	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Self	Occupation		
	Receipt For:	Chiropra	e Year-to-Date 🔻	-
	Primary General	Aygregate	r rear-to-date V	
	Other (specify) ▼		700.00	
В.	Full Name (Last, First, Middle Initial) Julie K Potter, , PhD			Date of Receipt
	Mailing Address 6700 W Old Shakopee	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 26750964
	Bloomington	MN	55438-2618	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer	Occupation Student	n	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 640.00	
		0 0		
C.	Full Name (Last, First, Middle Initial) Dr. Dennis A Harris, , DC			Date of Receipt
	Mailing Address PO Box 8038			10 26 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 26750969
	Fort Worth	TX	76124-0038	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	200.00		
	Name of Employer Self	Occupation Chiroprae		
	Receipt For:		e Year-to-Date ▼	1
	Primary General		450.00	
	Other (specify)			
s	UBTOTAL of Receipts This Page (optional)			700.00
1				

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 54/6	61				
	EMIZED RECEIPTS	or each category of the		(check only one)				
••	LIMIZED HEOLII 13		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16	□ 17			
Δ.,	winformation conied from such Departs and Cl	atamanta ma	, not be cold or used by ony nerve					
or	y information copied from such Reports and Si for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full)							
$ \rangle$	American Chiropractic Association PAG	C						
\angle	<u>'</u>							
	Full Name (Last, First, Middle Initial)			B				
A.	Dr. Jeffre O Price, , DC			Date of Receipt				
	Mailing Address 13355 Tamiami Trl			10 26 200				
	City	State	Zip Code	Transaction ID: 26750971				
	North Port	FL	34287-2186	Amount of Each Receipt this Period				
	FEC ID number of contributing							
	federal political committee.	C		100.0	00			
	N (5)	10		_				
	Name of Employer self	Occupation Chiropra						
	Receipt For:		e Year-to-Date V	-				
	Primary General	Aggregate	FIEAI-IO-DAIC V					
	Other (specify)		500.00					
				'				
	Full Name (Last, First, Middle Initial)							
В.	Dr. Charles M. Cochran, , DC			Date of Receipt				
	Mailing Address PO Box 111			10 26 200	7 7			
	City	State	Zip Code					
	Spencer	IN	47460-0111	Transaction ID: 26750973 Amount of Each Receipt this Period				
			47400-0111	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		250.0	00			
	Name of Employer self	Occupation						
	Descipt Ferr	Chiropra		4				
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼					
	Other (specify)		500.00					
		0 0						
_	Full Name (Last, First, Middle Initial)	<u> </u>						
C.	Dr. Ronald E Oler, , DC			Date of Receipt				
	Mailing Address PO Box 845			10 26 200				
	City	State	Zip Code		1			
	Groveland	CA	95321-0845	Transaction ID: 26750981 Amount of Each Receipt this Period				
		- OA	93321-0043	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		50.0	00			
rodoral political committees.								
	Name of Employer Self	Occupation						
		Chiropra		4				
		Aggregate	e Year-to-Date ▼					
Primary General Other (specify) ▼			350.00					
	Carlor (oposity) 🔻	0 0	0 0 0 0 0 0 0					
s	UBTOTAL of Receipts This Page (optional)		.	400.0	00			
	,							
T	OTAL This Period (last page this line number							

0	CHEDIII E A /EEC Form 2V)			FOR LINE NUMBER: PAGE 55 / 61				
	CHEDULE A (FEC Form 3X)	Use separate schedule(s)		(check only one)				
ΙT	EMIZED RECEIPTS	or each category of the		X 11a 11b 11c 12				
			Detailed Summary Page	13 14 15 16 17				
۸r	y information copied from such Reports and St	atomonte may	, not be cold or used by any pers					
or	for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full)							
$ \rangle$	American Chiropractic Association PAC	•						
	American Chiropractic Association 1 Ac	,						
<u>/</u>	Full Name (Last, First, Middle Initial)							
A.	Dr. Lance E Brooks, , DC			Date of Receipt				
	Mailing Address 10901 Downey Ave			M M / D D / Y Y Y Y				
				10 26 2007				
	City	State	Zip Code	Transaction ID: 26750987				
	Downey	CA	90241-3708	Amount of Each Receipt this Period				
	FEC ID number of contributing			100.00				
	federal political committee.	C		100.00				
	Name of Employer self	Occupation						
		Chiropra						
	Receipt For:	Aggregate	e Year-to-Date ▼					
	Primary General		300.00					
	Other (specify) ▼		000.00	_				
D	Full Name (Last, First, Middle Initial) Dr. Jeffrey B Nowicki, , DC			Date of Receipt				
Ь.	·			<u> </u>				
	Mailing Address 2211 E Lincoln Ave	10 26 2007						
	City	State	Zip Code	Transaction ID: 26750989				
	Anaheim	CA	92806-4108					
		UA	92800-4108	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		200.00				
	rederal political committee.							
	Name of Employer	Occupation	n	\neg				
	Self	Chiropra	ctor					
	Receipt For:	Aggregate	e Year-to-Date ▼					
	Primary General		222.22	1				
	Other (specify)		300.00					
_	Full Name (Last, First, Middle Initial)							
C.	Dr. Ira L. Gluck, , DC, CCSP			Date of Receipt				
	Mailing Address 5667 E Grant Rd			10 26 2007				
	City	Ctoto	Zin Codo					
	City	State	Zip Code	Transaction ID: 26750995				
	Tucson	AZ	85712-2211	Amount of Each Receipt this Period				
	FEC ID number of contributing	С		250.00				
	federal political committee.							
	Name of Employer	Occupation	n	\neg				
	self	Chiropra						
	Receipt For:	<u> </u>	e Year-to-Date ▼					
	Primary General			7				
	Other (specify) ▼		500.00					
		-		-				
	•							
s	UBTOTAL of Receipts This Page (optional)		1	550.00				
\vdash				-				

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 56 / 61
	EMIZED RECEIPTS		or each category of the	(check only one)
•			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Ar	ly information copied from such Reports and Stat- for commercial purposes, other than using the na	ements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
<u>.</u>	NAME OF COMMITTEE (In Full)	arro di la dac	aroot or any pointed committee to	CONTRACTOR IN CONTRACTOR IN CONTRACTOR
\rangle	American Chiropractic Association PAC			
۹.	Full Name (Last, First, Middle Initial) Dr. Roger S. Redleaf, , DC			Date of Receipt
	Mailing Address 95 Sockanosset Cross R	d Ste 303		10 26 7 2007
	City	State	Zip Code	Transaction ID: 26750998
	Cranston	RI	02920-5559	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer self	Occupation Chiroprac		
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	400.00	
3.	Full Name (Last, First, Middle Initial) Dr. John G Schutz, , DC			Date of Receipt
Mailing Address 118 E Bremer Ave				10 26 7 2007
	City	State	Zip Code	Transaction ID: 26750999
	Waverly	IA	50677-3432	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		600.00
	Name of Employer Self	Occupation	1	7
		Chiropra		_
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	1
	Other (specify) ▼	0 0	600.00	
) .	Full Name (Last, First, Middle Initial) Dr. Thomas M Trainer, , DC			Date of Receipt
	Mailing Address 6800 78th Ave N			10 26 2007
	City	State	Zip Code	Transaction ID: 26751003
	Brooklyn Park	MN	55445-2758	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Self	Occupation Chiroprac		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		400.00	
s	UBTOTAL of Receipts This Page (optional)			1100.00
_	OTAL This Poriod (last page this line number on	lv)		
1	OTAL This Period (last page this line number on	·y/	······································	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 57 / 61					
	ITEMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12				
			Detailed Summary Page	X 11a 11b 11c 12 15 16 17				
Ar	ny information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions				
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full) American Chiropractic Association PAG							
	American Chiropractic Association 1 Ac	,						
_	Full Name (Last, First, Middle Initial)			Data of Baselini				
Α.	Dr. Bruce Turino, , DC Mailing Address 587 Washington St			Date of Receipt				
	Washing Address 367 Washington St			10 26 2007				
	City	State	Zip Code	Transaction ID: 26751006				
	Ishpeming	MI	49849-1239	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		500.00				
	Name of Employer Self	Occupation						
	Receipt For:		e Year-to-Date ▼					
	Primary General	1 1	500.00	1				
	☐ Other (specify) ▼	0 0	300.00					
В.	Full Name (Last, First, Middle Initial) Dr. John F Kibby, , DC			Date of Receipt				
	Mailing Address 2110 Priest Bridge Dr S	Ste 6		10 26 2007				
	City	State	Zip Code	Transaction ID: 26751567				
	Crofton	MD	21114-2472	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		100.00				
	Name of Employer Self	Occupation	n					
		Chiropra						
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	1				
	Other (specify)		300.00					
_								
C.	Full Name (Last, First, Middle Initial) Dr. Robert B Sheely, , DC			Date of Receipt				
•	Mailing Address PO Box 169			M M / D D / Y Y Y Y				
				10 26 2007				
	City	State OH	Zip Code	Transaction ID: 26751568				
	Trenton		45067-0169	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		500.00				
	Name of Employer Dr. Robert B. Sheely, Inc.	Occupation Chiropra						
		Aggregate	e Year-to-Date ▼					
	Primary General		500.00	1				
	Other (specify) ▼			1				
s	UBTOTAL of Receipts This Page (optional)			1100.00				
	,			-				
T	OTAL This Period (last page this line number of							

SCHEDULE A (FEC Form 3X)

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUM	
	EMIZED RECEIPTS		or each category of the	(check only one)	
••	LIMIZED REGEN 10		Detailed Summary Page		1b 11c 12 4 15 16 17
۸r	ny information copied from such Reports and Staten	nonte may	not be cold or used by any perso		
or	for commercial purposes, other than using the nam	ie and add	lress of any political committee to	solicit contributions	s from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)				
\rangle	American Chiropractic Association PAC				
۹.	Full Name (Last, First, Middle Initial) Dr. Nicholas P Constantine, , DC			Date of Rece	ipt
	Mailing Address 312 7th St W			1 0	26 2007
	City	State	Zip Code		ID: 26751569
	Palmetto	FL	34221-5207	Amount of Ea	ach Receipt this Period
	FEC ID number of contributing federal political committee.	С			500.00
	Solf	Occupation Chiroprac			
			Year-to-Date ▼		
	Primary General	1 1		1	
	Other (specify) ▼		500.00		
3.	Full Name (Last, First, Middle Initial) Adam Hutton, , DC			Date of Rece	ipt
	Mailing Address 236 E Northwest Hwy	10	26 2007		
	City	State	Zip Code	Transaction	ID : 26751570
	Palatine	<u>IL</u>	60067-8183	Amount of Ea	ach Receipt this Period
	FEC ID number of contributing federal political committee.	С			365.00
	Name of Employer C	Occupation	1		
		Chiroprac			
		Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼		365.00		
).	Full Name (Last, First, Middle Initial) William Schmidt, , DC			Date of Rece	ipt
	Mailing Address 316 W Saint Louis St				D D / Y Y Y Y
				10	26 2007
	City	State	Zip Code		ID: 26751580
	Hot Springs	AR	71913-4406	Amount of Ea	ach Receipt this Period
	rederal political confirmates.	C			365.00
	Self	Occupation Chiroprac			
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General	-	365.00		
	Other (specify) ▼	0 0	303.00		
s	UBTOTAL of Receipts This Page (optional)				1230.00
Т	OTAL This Period (last page this line number only)		.		
	(0 = = = = = = = = = = = = = = = = = =		•		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 59/61 Use separate schedule(s) (check only one) or each category of the 11a 11b 11c **Detailed Summary Page** 13 14 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Chiropractic Association PAC Full Name (Last, First, Middle Initial) A. Dr. Brian K Wilson, , DC Date of Receipt Mailing Address 3601 S Broadway 10 26 2007 City Zip Code State Transaction ID: 26751582 **Englewood** CO 80113-3610 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Self Occupation Chiropractor Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	500.00
TOTAL This Period (last page this line number only)	•	20237.58

SCHEDULE B (FEC Form 3X)

SCIEDOLL B (I LCI OIIII 3X)	Use seperate schedule(s)	(check or	: NUMBER: PAGE 60 / 61 v one)				1
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22) 28a	23 28b	24 28c	25 29	26 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name							.
 NAME OF COMMITTEE (In Full) 	and address of any political co	mmillee to s	Olicit Contribt	ILIONS ITOM	1 Such con	irriittee	
American Chiropractic Association PAC							
Full Name (Last, First, Middle Initial)					6634042		
A. Abercrombie For Congress			Date of I	Disbursem	_	YY	Υ
Mailing Address C/O 1357 Kapiolani Blvd C/O 1357 Kapiolani Blvd			1"0 "	03		ž 0 ŏ 7	
	State Zip Code HI 96814		Amount	of Each D	isburseme	nt this P	eriod
Purpose of Disbursement	55511	•				1000.0	0
Void - Abercrombie For Congress		011					
Candidate Name Mr. Neil Abercrombie		Category/ Type					
Senate President X	ment For: 2004 Primary General Other (specify)		Void - A ngress	bercrom	bie For C	Co-	
	imary Electio						
Full Name (Last, First, Middle Initial) 3. Walsh For Congress Committee				tion ID: 2 Disbursem	6744191 nent		
			M M	[/] ^D 2 3	_	ž 0 ŏ 7	Υ
Mailing Address 306 Winkworth Parkway	1 0	20		2007			
,	State Zip Code NY 13215		Amount	of Each D	isburseme	nt this P	eriod
Purpose of Disbursement						1000.0	0
Candidate Name		011 Category/					
Mr. James Walsh							
Senate X President	ment For: 2008 Primary General Other (specify)						
State: NY District: 25							
Full Name (Last, First, Middle Initial) Pete Stark Re-Election Committee			Date of I	Disbursem			
Mailing Address P.O. Box 8331			10	25		ž 0 ŏ 7	Y
City Fremont	State Zip Code CA 94537		Amount	of Each D	isburseme	nt this P	eriod
Purpose of Disbursement	5/1 5450 <i>1</i>	• •				5000.0	0
Candidate Name		011					
Pete Stark		Category/ Type					
Senate President X	ment For: 2008 Primary General Other (specify)						
State: CA District: 13 2008 G	eneral Electio						
SUBTOTAL of Disbursements This Page (optional)		>				5000.0	0
TOTAL This Period (last page this line number only)							

SCHEDULE B (FEC Form 3X)

SCHEDULE B (FEC Form 3X)	Use seperate schedule(s)		FOR LINE NUMBER: PAGE 61 / 61 (check only one)		
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 28a 28b	24 25 26 28c 29 30k	
Any Information copied from such Reports and State or for commercial purposes, other than using the n					
NAME OF COMMITTEE (In Full)					
American Chiropractic Association PAC	:				
Full Name (Last, First, Middle Initial) A. People For English		Transaction ID: 26748748 Date of Disbursement			
Mailing Address PO Box 1940			10 12 5	5 2007	
City Erie	State Zip Code PA 16507		Amount of Each [Disbursement this Period	
Purpose of Disbursement		011	L	1000.00	
Candidate Name Rep. Phil English		Category/ Type			
Office Sought: X House Senate President Disbu	x Primary General Other (specify)				
State: PA District: 3 Full Name (Last, First, Middle Initial)	·				
B. Friends of Dave Weldon			Transaction ID: 26748751 Date of Disbursement		
Mailing Address PO Box 968			10 25	5 Y 2007	
City Melbourne	State Zip Code FL 32902		Amount of Each D	Disbursement this Period	
Purpose of Disbursement		011	L	1000.00	
Candidate Name Rep. Dave Weldon, M.D.		Category/ Type			
Office Sought: X House Senate President	x Primary General Other (specify)				
State: FL District: 15					
Full Name (Last, First, Middle Initial) C. The Next Century Fund			Transaction ID: 2 Date of Disburser		
Mailing Address 116 South Royal Street	et		10 12 5	5 2007	
City Alexandria	State Zip Code VA 22314		Amount of Each D	Disbursement this Period	
Purpose of Disbursement		011		1000.00	
Candidate Name		Category/ Type			
Senate President	rrsement For: Primary General Other (specify) ▼				
State: District:					
SUBTOTAL of Disbursements This Page (option	al)	>		3000.00	
TOTAL This Period (last page this line number o				800.00	